

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32295

File No. _____
Registered No. **3824**
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 329
Township Jackson Primary Registration District No. 1002
City J.C. Mo. (No. Central Hospital)

2. FULL NAME

Robert Breedlow
(a) Residence, No. 2312 Florida St. 4 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Finetta Breedlow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-27-1891</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>8</u>	DAYS <u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Writer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>247</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fausch City, Mo.</u>		
FATHER	13. NAME <u>Geo. Breedlow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Mamie (?)</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Patience</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Highland Cemetery</u> DATE <u>10-14-32</u>		
19. UNDERTAKER (ADDRESS) <u>Fluyn + Steenstreet</u> <u>J.C. Mo.</u>		
20. FILED <u>10/12</u> 19 <u>32</u> <u>Wm. Kerowe</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1932 to 10-11, 1932
I last saw him alive on 10-10, 1932 Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:
Rupture Central Nervous System
Date of onset Unknown

Other contributory causes of importance:
General Paralysis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____ (1)

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____
(Signed) A. M. Miles, M. D.
(Address) General Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

