

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

Do not use this space.

36746

1. PLACE OF DEATH

County Polk Registration District No. 705
 Township Albion Primary Registration District No. 5
 City Halfford (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or WIFE OF) Margaret Breshars

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Polk County, Missouri

13. NAME William Breshars

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenny

15. MAIDEN NAME Abigail Patton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenny

17. INFORMANT E. B. Breshars
 (ADDRESS) Docton Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Breshars Cem. DATE 11/29/32

19. UNDERTAKER Walt Brown
 (ADDRESS) Docton Mo.

20. FILED Nov 28, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1932 to Nov 27, 1932

I last saw him alive on Nov 27, 1932 Death is said to have occurred on the date stated above, at 10:20 PM.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
91A 94W
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. D. Winkler M. D.
 (Address) Halfford Mo.

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.

