

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Township Webster Groves

Registration District No. 788

Primary Registration District No. 4491

File No. 41435

Registered No. 21

St. Ward

2. FULL NAME Elizabeth Eleanor Breckenridge

(a) Residence, No. 623 Locksley Pl

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 6 mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Daniel Breckenridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7, 1850

7. AGE

YEARS 82

MONTHS 4

DAYS 13

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Hardin Co - Tenn

FATHER

13. NAME W E McDaniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co - Tenn

MOTHER

15. MAIDEN NAME Annie Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co - Tenn

17. INFORMANT (ADDRESS) M. P. Yates 623 Locksley Webster Groves, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fort Worth Tex DATE Dec 21, 1922

19. UNDERTAKER (ADDRESS) Parson Land Co Webster Groves

20. FILED 12/21, 1922

BY Dr. A. W. Westrup

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1922

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1922 to Dec 20, 1922

last saw him alive on Dec 15, 1922 Death is said to have occurred on the date stated above, at 5 P.M.

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

Date of case

Acute Cardiac Dilatation
Other contributory causes of importance: Influenza
Chromocystitis

Name of operation Date of
What test confirmed diagnosis Was there an autopsy? No

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) W. J. Qualley, M. D.

(Address) Webster Groves

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.

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NOV 27 1922

