

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

Do not use this space.

**1. PLACE OF DEATH**

42 County Henry  
4 Township  
7 City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. 16351  
Registered No. 11  
St. .... Ward)

**2. FULL NAME**

Bessie Breckenridge

(a) Residence, No. 701 E Jeff 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 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1924

7. AGE YEARS 8 MONTHS 8 DAYS 1 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Newton Iowa (STATE OR COUNTRY)

13. NAME A. W. Breckenridge

14. BIRTHPLACE (CITY OR TOWN) Eldon Iowa (STATE OR COUNTRY)

15. MAIDEN NAME Adda May Meyer

16. BIRTHPLACE (CITY OR TOWN) Eldon Iowa (STATE OR COUNTRY)

17. INFORMANT H G Breckenridge (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Iowa DATE 5/7

19. UNDERTAKER Spore Son (ADDRESS) Clinton Mo

20. FILED 5/6, 1933 Ed C. Peelor Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to May 5, 1933  
I last saw her alive on May 4, 1933 Death is said to have occurred on the date stated above, at 3 A. m.

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

Lobar Pneumonia Date of onset 108  
108 Direct

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chinico 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? no  
If so, specify .....  
(Signed) E. C. Peelor, M. D.  
(Address) Clinton Mo

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.

MAY 22 1933

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22  
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