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

Do not use this space.

26378

1. PLACE OF DEATH
County JACKSON Registration District No. 389
Township KAW Primary Registration District No. 1001
City KANSAS CITY (No. 3229 EAST 6TH St. Ward)

File No.
Registered No. 3446

2. FULL NAME RAMSON A BREEDEN
(a) Residence, No. 3229 EAST 6TH St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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~~ MRS. ELLEN BREEDEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-31-1849

7. AGE: Years 84 | Months 4 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MONUMENT SETTER
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) INDIANA

FATHER
13. NAME UNKNOWN BREEDEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. ELLEN BREEDEN
(ADDRESS) 3229 EAST 6TH ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE WARRENSBURG, MO. DATE AUGUST-31, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 8/31 1933 M. M. Crowe
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933, to Aug 28, 1933, I last saw him alive on Aug 27, 1933. Death is said to have occurred on the date stated above, at 11:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Uremia	
2 Chronic Nephritis	8/19/33

Other contributory causes of importance: Chronic Inflammation of bladder & Prostate gland

Name of operation None Date of
What test confirmed diagnosis? None 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? X
If so, specify
(Signed) H. L. Greene M. D.
(Address) 402 Wilkinson Bldg

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.

WHITE PAPER WITH GRADING INK—THIS IS A PERMANENT RECORD

402 Nirthman Bldg.
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