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 25 1934

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

Do not use this space.

File No. 12470

Registered No.

1. PLACE OF DEATH

County Franklin Registration District No. 296

Township Primary Registration District No. 418 S

City Union (No. , St. Ward)

2. FULL NAME Edith Breeden

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Breeden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1892

7. AGE: Years 41 Months 11 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Vienna, Missouri.

FATHER

13. NAME I. H. Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries County, Missouri.

MOTHER

15. MAIDEN NAME Mary Ann Kluner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna, Missouri.

17. INFORMANT (ADDRESS) Mrs Chancy Hoff Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL Zions Evangelical

PLACE Union, Mo. DATE 4 / 10 1934

19. UNDERTAKER (ADDRESS) Wm H. Horn Union, Mo.

20. FILED 4/9 1934 J. K. Marshall M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/18 1933 to Apr 7 1934

I last saw her alive on Apr 7 1934. Death is said to have occurred on the date stated above, at 12:10 p.m.

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

	Date of onset
Cancer of Stomach	?

Other contributory causes of importance:

Name of operation Exploratory Date of 2/28/34

What test confirmed diagnosis? Clinical 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) J. K. Marshall, M. D.

(Address) Union, Mo.