

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.

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

Do not use this space.

13141

APR 25 1934

1. PLACE OF DEATH

County Jackson
Township Knox
City Kansas City

Registration District No. _____
Primary Registration District No. _____
(No. Trinity Lutheran Hosp.)

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Smithville Mo.
(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 Joséphine Louisa Breckinridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 6 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager

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) Clay Co. Mo.

13. NAME Robt. L. Breckinridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

15. MAIDEN NAME Addie J. Verrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

17. INFORMANT Robt. L. Breckinridge (ADDRESS) Smithville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville, Mo. DATE 4-30 1934

19. UNDERTAKER Melomas Mortuary (ADDRESS) Smithville, Mo.

20. FILED 4-28 1934 am mch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24 1934, to Apr. 28 1934

I last saw h. m. alive on Apr 28 1934. Death is said to have occurred on the date stated above, at 9-9 a. m.

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

Intestinal obstruction (by loops hanging) and general peritonitis with toxemia.

Other contributory causes of importance: Chronic post-operative (90-24 years ago) enlarged appendicitis of Silexum & Cecum.

Name of operation Section 12 inches ileum Date of Apr. 25, 1934

What test confirmed diagnosis? Operation. 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____

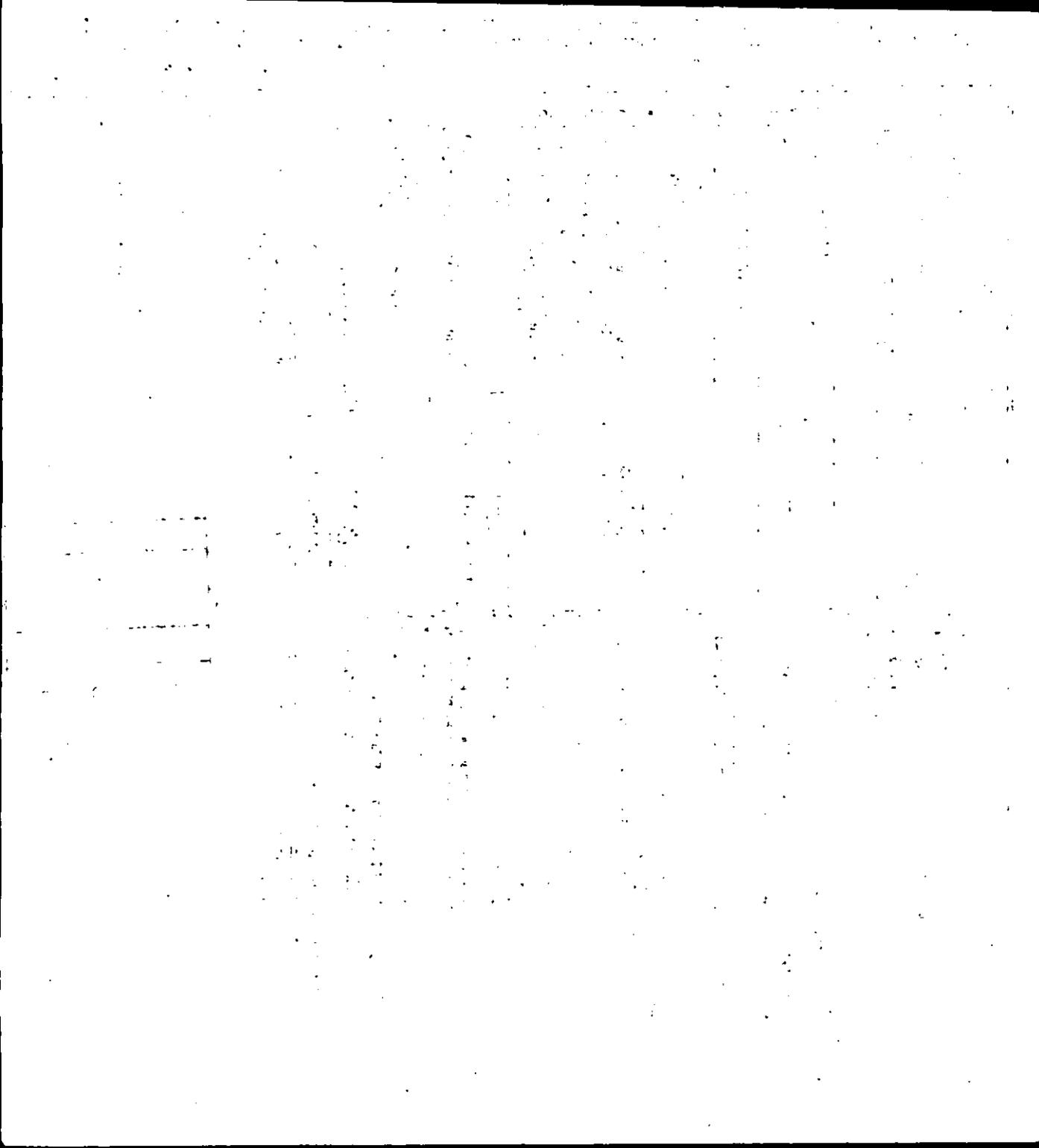
Where did injury occur? _____ (Specify city or town, county, and State)

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 Dr. A. Norbury M. D. (Signed) (Address) 618 Professional Bldg. K. C., Mo.



Kansas City

WASHINGTON

13141

1892

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John S. Breckenridge

Who died at _____ on Apr 28 - 1924

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 40 Months 6 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Intestinal obstruction (4 days standing) Month _____ Year _____

Birthplace (State or country) General peritonitis with

Birthplace of father (State or country) California

Birthplace of mother (State or country) since past operation

Principal cause of death: (op 24 years ago for ruptured appendixes) of ileum, Cecum

Other contributory causes of importance _____

Name of operation _____ Date of _____

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

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 _____

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

If so, specify _____

Name of physician Dr B Marberg

Address of physician 618 Prof Bldg

Signature of Registrar M. M. Cronk Date filed 9/20/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. _____

Very truly yours,

E. T. McGaugh

Primary Reg. Dist. No. _____

Special Agent.

FEB 7 1935

5-13141