

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

Do not use this space.

15291

1. PLACE OF DEATH

County Shelby

Registration District No. 83/

Township Black Creek

Primary Registration District No. 4504

City Shelbyville (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

Charles Frederick Bretcher

(a) Residence, No. 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 Male 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 Kate Bretcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 28

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

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) Shelby Co. Mo.

13. NAME Charles Frederick Bretcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Margaret C. Wilkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hoggar Turner
Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE Apr - 7 1935

19. UNDERTAKER (ADDRESS) C. P. Thompson
Shelbyville Mo

20. FILED Apr 6 1935 Paul Gae Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 - 1935

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1935, to April 5, 1935. I last saw him alive on April 5, 1935. Death is said to have occurred on the date stated above, at 6:00 a.m. The principal cause of death and related causes of importance were as follows:

Branchial Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) , M. D.

(Address) Shelbyville, Mo.

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.

