

DEC 18 1935

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

Do not use this space.

35654

1. PLACE OF DEATH

County *Douglas*

Registration District No. *1075*

File No.

Township *Douglas*

Primary Registration District No. *5381*

Registered No.

City

(No.

St.

Ward)

2. FULL NAME *Mary Ethel Breedlove*

(a) Residence, No.

St.

Ward.

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF *Geoff F. Breedlove*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 23 1884*

7. AGE YEARS *50* MONTHS *11* DAYS *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as *Housewife* sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as *all time* 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) *Missouri*

13. NAME *Thomas C. Hale*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Edith Smith*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Decorah Iowa*

17. INFORMANT *Paul F. Breedlove* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bureau* DATE *11/10* 1935

19. UNDERTAKER *W. J. Nelson* (ADDRESS) *Decorah Iowa*

20. FILED *Dec 9 1935* *J. D. Gil* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/10 1935*

I HEREBY CERTIFY, That I attended deceased from *11/9* to *11/10*

I last saw her alive on *11/11*, 1935. Death is said to have occurred on the date stated above, at *2:50* p.m.

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

Strangulated hernia Inflamed Fallopian Date of onset

Other contributory causes of importance: *W33*

Name of operation *W33* Date of *70*

What test confirmed diagnosis? Was there an autopsy? *70*

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 *Strangulated hernia*

(Signed) *W. J. Nelson* M.D.

(Address) *Decorah Iowa*

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.

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