

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

Do not use this space.

MAY 18, 1936

9218

1. PLACE OF DEATH
 County Hickman Benton Registration District No. 61
 Township Wheatland Primary Registration District No. 5098
 City Wheatland (No. Wheatland) St. _____ Ward _____
 2. FULL NAME Jas. Thos. Breshears
 (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.

File No. _____
 Registered No. 18
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1866
 7. AGE YEARS 69 MONTHS 6 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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

MOTHER 13. NAME Henry Breshears

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Luina Murray

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Mo.

17. INFORMANT P. J. Crabtree
 (ADDRESS) Trustee, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wesley Creek DATE 3/28 1936

19. UNDERTAKER J. L. Luckey
 (ADDRESS) Wheatland, Mo.

20. FILED 4/2 1936 Jas. A. Rogan
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar-15, 1936, to Mar 26, 1936

I last saw him alive on Mar-26, 1936 Death is said to have occurred on the date stated above, at 6:00 P m.

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

Bronchial Pneumonia Date of onset 4-15-36
10 M

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Exam 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 _____
 (Signed) A. S. Johnston, M. D.

(Address) Wheatland 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.

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