JUN 27 1936

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

Do not use this space.

21729

1. PLACE OF DEATH
County Sullivan — Registration District No. 852 — File No.
Township — Primary Registration District No. 4518 — Registered No.
City Milan (No. , St. Ward)

2. FULL NAME John Thomas Breeding, Jr.
(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): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20, 1936
7. AGE: YEARS 0 — MONTHS 1 — DAYS 15 — 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.
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): Kirksville, Mo.

FATHER
13. NAME: John Thomas Breeding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Browning, Mo.

MOTHER
15. MAIDEN NAME: Evalore Grindstaff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pollock, Mo.

17. INFORMANT (ADDRESS): John Thos. Breeding, Milan, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Henry Cem. Reger Mo. DATE May 6, 1936
19. UNDERTAKER (ADDRESS): C. A. Schoene, Milan, Mo.
20. FILED June 6, 1936 Cleo Hagan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 5, 1936
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 43 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Membranous Croup	

Other contributory causes of importance: Whooping Cough

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) R. H. Becker, M.D.
(Address) Browning, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33