

NOV 28 1936

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

Do not use this space.

37491

1. PLACE OF DEATH

County Henry  
Township Fairview  
City Deepwater (No. \_\_\_\_\_)

Registration District No. 357  
Primary Registration District No. 4208

File No. \_\_\_\_\_  
Registered No. 12 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mathew Breckinridge  
(a) Residence, No. Deepwater, Mo. 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) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabel Breckinridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15-18 57

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 7 12

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville Ky Co.

13. NAME Robert Breckinridge

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

15. MAIDEN NAME Elizabeth Young

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

17. INFORMANT (ADDRESS) Isabel Breckinridge Deepwater Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Higgenerville Mo. DATE Oct 27 1936

19. UNDERTAKER (ADDRESS) Wm. C. Wilkinson Clinton Mo

20. FILED 11-10-36 1936 J. J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-1936

22. I HEREBY CERTIFY That I attended deceased from Oct 9th 1936 to Oct 27-1936  
I last saw him alive on Oct 27 1936 Death is said to have occurred on the date stated above, at 10:40 a.m.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
stroke  
Date of onset 10/9/36

Other contributory causes of importance:  
Previous attack of apoplexy said to have been about eight years ago  
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) W. C. Wilkinson D.D., M. D.  
(Address) Deepwater Mo.

MARGIN RESERVED FOR BINDING

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

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.

S. NO. 2  
70M-2-19-36  
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