

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.

NOV 28 1936

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

Do not use this space.

38085

1. PLACE OF DEATH

County Jasper
Township Marion
City Marion (No.)

Registration District No. 416
Primary Registration District No. 4248

File No.
Registered No.
St. Ward)

2. FULL NAME

Andrew C. Breeder
(a) Residence, No. St. Ward.
(Usual place of abode)
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR WIFE OF) <u>Maranda Breeder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5 1862</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>9</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Jasper Co. Mo.</u>		
FATHER	13. NAME <u>Calvin Breeder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>C. R. Kessler</u> <u>Centerville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Centerville Mo.</u> DATE <u>10/5</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>WEBB CITY UNDERTAKING CO.</u> <u>Webb City Mo.</u>		
20. FILED <u>Oct 5</u> 19 <u>36</u> <u>H. H. Simmons</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Oct 3, 1936
I last saw him alive on Oct 2, 1936 Death is said to have occurred on the date stated above, at 8:40 p. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of
rectum
Date of onset 11/136

Other contributory causes of importance:
No

Name of operation Laboratory Date of No
What test confirmed diagnosis Laboratory 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 No
(Signed) H. H. Simmons, M. D.
(Address) Centerville, Mo.

