

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAR 22 1937

1. PLACE OF DEATH

County Livingston
 Township.....
 City Chillicothe (No..... St..... Ward.....)

Registration District No. 508
 Primary Registration District No. 3026

File No. 7120
 Registered No. 42

2. FULL NAME Joseph Breeden

(a) Residence, No. 61 Wilson 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1937, to 2-27, 1937

I last saw him alive on 2-7, 1937 Death is said to have occurred on the date stated above, at 9:15am

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1859

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 4 13

Lobar Pneumonia Date of onset

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

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) Davies County (STATE OR COUNTRY) Missouri

13. NAME Erasmus Breeden

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

15. MAIDEN NAME Elizabeth Powell

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

17. INFORMANT Della H. Hughes (ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearcreek DATE 2-28, 1937

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe, Missouri

20. FILED Feb. 27, 1937 David M. Duckett Registrar

Arterio Sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Abnormal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X 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..... X

Nature of injury..... X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) F. B. Norman, M. D.O.

(Address) Chillicothe, Mo.

