MAY 27 1937

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

Do not use this space.

File No. 16748

Registered No.

1. PLACE OF DEATH

County: Knox — Registration District No. 439

Township: Greensburgh — Primary Registration District No. 5596

City: Baring (No. ..... St. ..... Ward)

2. FULL NAME Thomas J. Bressen

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	3	6	

1

OCCUPATION

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

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

1 12. BIRTHPLACE (CITY OR TOWN) Knox Co (STATE OR COUNTRY) Mo

FATHER

15 13. NAME Thomas Bresney

15 14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mary Kavanaugh

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

17. INFORMANT Geney Bresnen (ADDRESS) Baring Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baringlemt DATE May 3, 1937

19. UNDERTAKER W. Hughart & Seth Hudson (ADDRESS) Edina Mo

20. FILED May 8, 1937 D. E. McWhorter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1932, to Apr 30, 1937
I last saw him alive on Apr 29, 1937. Death is said to have occurred on the date stated above, at 1:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	

Other contributory causes of importance: 13C

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) E. M. McWhorter, M. D.
(Address) Baring Mo

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