

1938 APR 28 1938

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

Do not use this space.

11818

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1. PLACE OF DEATH
County Dick
Township Johnson
City Hammonsville

2
1
Registration District No. 703
Primary Registration District No. 4424

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Eliza Ann Breeze 620

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/12/1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 11 3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1937 to March 18 1938
I last saw h. a. alive on March 18 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Housekeeper
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 _____

Date of onset 3-16-38
Other contributory causes of importance: BB

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kan.

FATHER
13. NAME Pace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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. _____

17. INFORMANT (ADDRESS) Mrs. Marvin Hopkins
rain fall rd.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammonsville DATE 3/20/38

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

19. UNDERTAKER (ADDRESS) White & Erwin
B. shaver rd.

(Signed) R. M. Merrins, M. D.
(Address) Hammonsville, Mo.

20. FILED Mar. 21 1938 Ora M. Peels
Registrar.

N. E.—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.

