

REC'D MAY 18 1939

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

14635
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
 (b) Township Piatts Primary Registration District No. 4122 Registered No. 9
 (c) City Smithville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Ann Breckenridge

(a) Residence, No. Smithville, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. ~~STATUS~~ MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-28-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 5 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Buchanan County
 (STATE OR COUNTRY) Missouri

13. NAME Robert McMillan

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

15. MAIDEN NAME Margaret Thomas

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

17. INFORMANT Frankie Breckenridge
 (ADDRESS) Smithville, Missouri

18. BURIAL ~~PLACE~~ Smithville, Mo. DATE April 26 1939

19. FUNERAL DIRECTOR McComas Mortuary
 (ADDRESS) Smithville, Missouri

20. FILED 4-26-1939 E. C. Hill
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939 to April 24 1939
 I last saw her alive on April 10 1939. Death is said to have occurred on the date stated above, at 5:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset
920

Other contributory causes of importance:
Myocardial degeneration

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam 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) [Signature] M. D.
184 (Address) Smithville Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/18/39

STATEMENT BY LICENSED EMBALMER

I, Owen J. Boggess, Jr., Licensed Embalmer No. 3940

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. ##### or by #####, Registered Apprentice No. #####

working under my personal supervision.

Signed Owen J. Boggess, Jr.
Licensed Embalmer No. 3940

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)