

REC'D JUN 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH18757
Do not use this space.

1. PLACE OF DEATH

(a) County Nickery Registration District No. 36.5
 (b) Township Wheatland Primary Registration District No. 53-11 Registered No. 1
 (c) City Wheatland Mo (d) Street No. _____ (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

626 Berchie Mowroe Breshears
 (a) Residence, No. _____ 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 m 4. COLOR OR RACE whb 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Breshears
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5, 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 9 13

OCCUPATION 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Marcus Breshears

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

MOTHER 15. MAIDEN NAME Leanna Murray

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

17. INFORMANT (ADDRESS) Helen Thompson Wheatland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Avery DATE 5/20 39

19. FUNERAL DIRECTOR (ADDRESS) J. L. Luckey Wheatland Mo

20. FILED May 11, 1939 Mrs. A. D. Johnston Local Registrar. 326

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1937 to Mar - 18 - 1939

I last saw him alive on May - 3, 1939 Death is said to have occurred on the date stated above, at 3:00 p m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis 1-1-37

Other contributory causes of importance: 22

Name of operation None Date of _____

What test confirmed diagnosis? Microscopy 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) A. S. Johnston, M. D.

(Address) Wheatland Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-35-95

Date Filed 6-9-39

STATEMENT BY LICENSED EMBALMER

I, JR Luckey, Licensed Embalmer No. 2982

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

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed JR Luckey
Licensed Embalmer No. 2982

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.)