

FILED SEP 24 1939

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

29851  
Do not use this space.

1. PLACE OF DEATH  
(a) County Shannon Registration District No. 12  
(b) Township Shannon Primary Registration District No. 12 Registered No. 29851  
(c) City Shannon (d) Street No. 12 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 7 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 7 yrs. 0 mos. 0 ds.
2. PRINT FULL NAME Mary Belle Breeden  
(a) Residence, No. Shannon Co., Mo. St. Rural  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 - 1924</u>		
7. AGE	YEARS	MONTHS
<u>14</u>	<u>5</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>school kid</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shannon Co. Mo.</u>		
FATHER	13. NAME <u>Duke Breeden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Dellie Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shannon Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Duke Breeden</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith Cemetery</u> DATE <u>1/8 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>N. W. Ashon</u>		
20. FILED <u>1-13-1939</u> <u>Frank R. de M...</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1939 to only 1939.  
I last saw her alive on Jan 7 1939 Death is said to have occurred on the date stated above, at 2:45 pm.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia

Date of onset 12/21/39

Other contributory causes of importance:  
Abcessed Left Tonsil  
Influenza

Name of operation none Date of 1/11  
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) J. G. Goff, M. D.  
(Address) Shannon, 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. 5,

District File Number 940952

Date Filed \_\_\_\_\_

STATEMENT BY LICENSED EMBALMER

I, H D Holman

Licensed Embalmer No. 928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by <sup>not</sup> at all

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H D Holman

Licensed Embalmer No. 928

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.)