

FILLED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 059
CERTIFICATE OF DEATH

Do not use this space.

35436

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township Chillicothe Primary Registration District No. 3026
City Chillicothe Mo (No. 0) St. _____ Ward _____

File No. _____
Registered No. 131

2. FULL NAME WALTER MORRIS BREEDEN

(a) Residence, No. Chillicothe Mo 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. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Ida May BREEDEN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-6-1941</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>7</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>3-1-1941</u>	
	11. Total time (years) spent in this occupation. <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chillicothe Jameson Mo</u>		
FATHER	13. NAME <u>David Breeden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Alice Jarrett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT <u>Ida May Breeden</u> (ADDRESS) <u>Chillicothe Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jamesport</u> DATE <u>9-19</u> 19 <u>41</u>		
19. UNDERTAKER <u>Geo E. Daniel</u> (ADDRESS) <u>W. Leathery Mo</u>		
20. FILED <u>Sept 17, 1941</u> <u>LOBELLA CURRY</u> 80 _____ Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1941 to Sept 17 1941
I last saw him alive on Aug 15 1941 Death is said to have occurred on the date stated above, at 2:00 pm
The principal cause of death and related causes of importance were as follows:
apoplexy Date of onset Sept 17, 41
430'
Other contributory causes of importance:
Hypertension & arterio-sclerosis

Name of operation None 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) R. J. Brennan M. D.
(Address) Chillicothe, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, Geo E Daniel, Licensed Embalmer No. 3300

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by me

or by _____, Registered Apprentice No. _____

(Signed) Geo E Daniel
Licensed Embalmer No. 3300

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