

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

Do not use this space.

6985

FILED MAR 9 1944

1. PLACE OF DEATH

County Knowlton

Township Round Grove T.P.

City Schubert (No. _____)

Registration District No. 9/

Primary Registration District No. 5330

File No. _____

Registered No. 2 28

St. _____

Ward _____

2. FULL NAME John Breakfield

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

3. SEX M

4. COLOR OR RACE W-

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Dorothy Breakfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) -3-6-1858

7. AGE

YEARS 86

MONTHS 11

DAYS 25

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek County Mo

MOTHER FATHER

13. NAME Samuel Brooks

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

15. MAIDEN NAME Deer Creek

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

17. INFORMANT (ADDRESS) Anna L. Starks

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mountaintop

DATE 3-1-

1944

19. UNDERTAKER (ADDRESS) None

20. FILED 3-3, 1944 E. E. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1944

22. I HEREBY CERTIFY, That I attended deceased from No physician in attendance

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Probable influenza

Date of onset _____

Other contributory causes of importance: Age

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) R. G. Parker

(Address) Steville Mo

M. D.

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.

RECEIVED

District of Columbia
OFFICE No. 5,

District :

344195-

Date Filed

3-8-44