

8360-1

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

Do not use this space.

8360-D

1. PLACE OF DEATH

County Dallas  
Township Jackson  
City Red-trap

Registration District No. 243  
Primary Registration District No. 5338

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Serena Breundridge

(a) Residence, No. \_\_\_\_\_ 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. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cornelius Breundridge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/4/1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 | 2 | 5

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Penn.

10. NAME OF FATHER John Rafter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) unknown

14. INFORMANT Ella Gregg (Address) Buffalo Mo.

15. FILED 12/1/1928 M. V. Rea REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/9 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 8 1928 to Mar 8 1928 that I last saw him alive on Mar 8 1928 and that death occurred, on the date stated above, at 10 E. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
diabetes +  
dropsy

CONTRIBUTORY (SECONDARY) 57 yrs. mos. da. (duration)  
(duplication) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 8

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

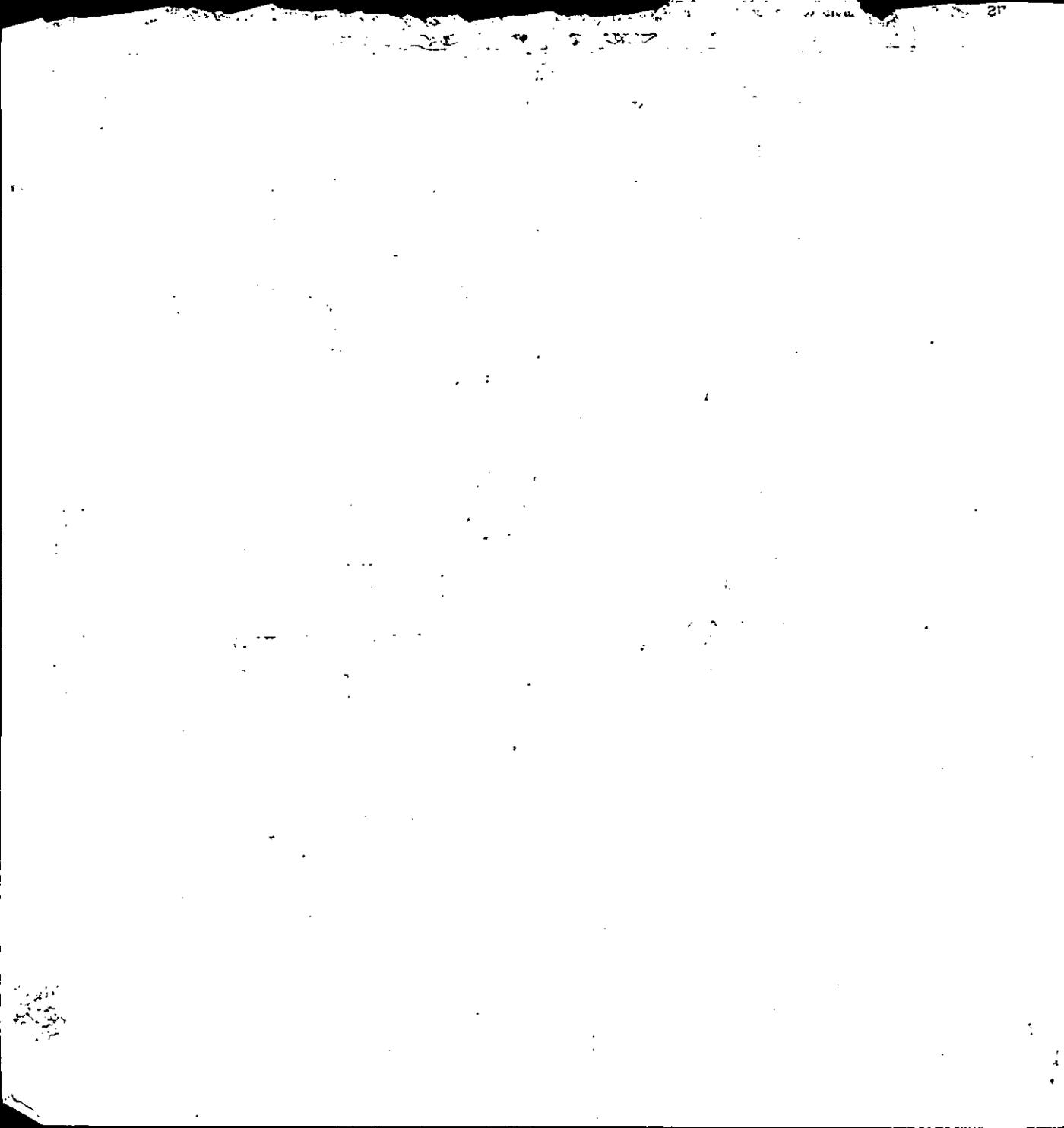
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) O. F. Johnson M. D.  
, 19 (Address) Buffalo Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fraser Cem. DATE OF BURIAL 3/10 1928

20. UNDERTAKER C. E. Reith & Son ADDRESS Buffalo Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Dallas Registration District No. 248 File No. ....  
 Township Jackson Primary Registration District No. 0336 Registered No. ....  
 City ..... (No. ....) St. .... Ward .....

**2. FULL NAME** Serena Braundridge

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-4-1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 2 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration) yrs. mos. ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....  
 (STATE OR COUNTRY) .....

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) .....

14.

INFORMANT .....  
 (Address) .....

15.

FILED 7/10/1929 M.V. Rea  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-9-1928

17. I HEREBY CERTIFY That I attended deceased from .....  
 19..... to ..... 19.....  
 that I last saw him ..... alive on ..... 19....., and that  
 death occurred, on the date stated above, at .....

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY .....  
 (SECONDARY) .....  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

INFORMATION SHOULD BE CAREFULLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.  
 REGISTRATION IS VERY IMPORTANT.  
 PHYSICIANS SHOULD STATE EXACTLY.  
 NO. RECEIVE A FEE FOR CERTIFYING DEATHS.  
 REGISTRATION IS VERY IMPORTANT.  
 THESE ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-8360D