

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

Do not use this space.

38947

1. PLACE OF DEATH

24 County Clay
5 Township Liberty
4 City Liberty (No.)

Registration District No. 201
Primary Registration District No. 2011

File No.
Registered No. 107 St. Ward)

2. FULL NAME

Leittrude Breckenridge
(a) Residence, No. St., Ward.

(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 ♀ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-18167

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 828

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 47

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

13. NAME John Nocken Smith

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

15. MAIDEN NAME Unknown

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

17. INFORMANT W. W. Breckenridge

(ADDRESS) Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg Mo. DATE 12-20 1932

19. UNDERTAKER Manly Hessel

(ADDRESS) Liberty Mo.

20. FILED 1-10-33 W. W. Breckenridge Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1932 to Dec 18 1932

I last saw him alive on Dec 18 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Rheumatic heart - likely acquired from heart + lodged in coronary - she fell dead in bathroom Date of onset

Other contributory causes of importance:

Name of operation Date of operation

What test confirmed diagnosis? 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) John H. Huth M. D.

(Address) Liberty 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.

JAN 22 1933

MARGIN RESERVED FOR BINNING

ST. NO. 7.

