REC'D SEP 23 1938

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

Do not use this space.

29788

1. PLACE OF DEATH
County Polk
Township South Green
City Goodson
Registration District No. 708
Primary Registration District No. 5937 d
File No.
Registered No. 22
(No. St. Ward)

2. FULL NAME Wendell Lauerne Breshears.
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1938
7. AGE YEARS 0 MONTHS 3 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goodson Mo. 0

FATHER
13. NAME Elmer Breshears.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County Mo. 0

MOTHER
15. MAIDEN NAME Lola Coonis.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County Mo.

17. INFORMANT (ADDRESS) Elmer Breshears. Goodson, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Polk DATE May 31, 1938
19. UNDERTAKER (ADDRESS) White-Erwin Funeral Home Balmar Mo.
20. FILED 7/26 1938 Mae Zumwalt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 - 38, 19, to April 15, 1938
I last saw him alive on April 15, 1938. Death is said to have occurred on the date stated above, at 6:29 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina - Bifida	
157 B.	

Other contributory causes of importance: ✓

Name of operation none 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 Congenital -
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G D Smith, M. D.
(Address) Balwas Mo

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. 7

District File Number 7-38-100

Date Filed 9/11/35