

REC'D JUL 15 1939

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

21953

Do not use this space.

1. PLACE OF DEATH

(a) County Davies Registration District No. 253
 (b) Township Primary Registration District No. 1351
 or City Lock Springs (d) Street No. 4152 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 6**2. PRINT FULL NAME** Thomas S. Breeze

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lydia Breeze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Livingston County Missouri
(STATE OR COUNTRY)13. NAME David Breeze14. BIRTHPLACE (CITY OR TOWN) Unknown Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Spaulding16. BIRTHPLACE (CITY OR TOWN) Unknown Missouri
(STATE OR COUNTRY)17. INFORMANT Mrs. Lydia Breeze
(ADDRESS) Lock Springs, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE July 2 '3919. FUNERAL DIRECTOR (NAME) Frank B. Norman
(ADDRESS) Chillicothe Missouri20. FILED July 19, 39 R. G. Minnick Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 193922. I HEREBY CERTIFY That I attended deceased from June 27, 1939 to July 1, 1939

I last saw him alive on July 1, 1939. Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: g20

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. Minnick, M. D.230 (Address) Lock Springs Mo

RECEIVED

District Health Officer No. 11,

District File Number

739-857

Date Filed

JUL 13 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Elton F. Norman

Registered Apprentice No.

working under my personal supervision.

Signed

Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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

If this body is not embalmed, above space should be left blank.