6 B Trader

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

Do not use this space.

21488

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township Flat Creek — Primary Registration District No. 5899 — Registered No. 182
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Brosnahan
(a) Residence. (Usual place of abode) No. Spring Fork St., ... Ward. ..... (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29-1856

7. AGE 72 YEARS — MONTHS 0 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Do Not Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know
12. MAIDEN NAME OF MOTHER Do Not Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

14. INFORMANT Mrs Nora Brim (Address) Spring Fork Mo

15. FILED 6-14 1928 J.G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to June 12, 1928, that I last saw him alive on June 12, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Nephritis interstitial - Chronic Uremia - 129A
13 Seventeen (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
Juvenal Seventeen (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B. Trader, M. D
6/14, 1928 (Address) Sedalia 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 Knotwater Mo — DATE OF BURIAL 6/15 1928

20. UNDERTAKER McLaughlin Bros — ADDRESS Sedalia

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.

WRITE PLAINLY, WITH