

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

Do not use this space.

33977

**1. PLACE OF DEATH**

County *Cole*  
Township *Liberty*  
City \_\_\_\_\_

Registration District No. *2-1352*  
Primary Registration District No. *5-293*

File No. *291*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

*Joseph Brenneke*  
(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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) *Mary Brenneke*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug-19-1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*66 2 10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cole Mo*

13. NAME *John Brenneke*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Francis Bushman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Mrs Mary Brenneke, Pass Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pass Mo.* DATE *10-31-1931*

19. UNDERTAKER (ADDRESS) *C. P. Heinrichs, P.O. Mo.*

20. FILED *11-9-1931* *W. Buford* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-29-1931*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 16*, 19*31*, to *Oct 27*, 19*31*  
I last saw him alive on *Oct 27*, 19*31*. Death is said to have occurred on the date stated above, at *1:30 p.m.*  
The principal cause of death and related causes of importance were as follows:

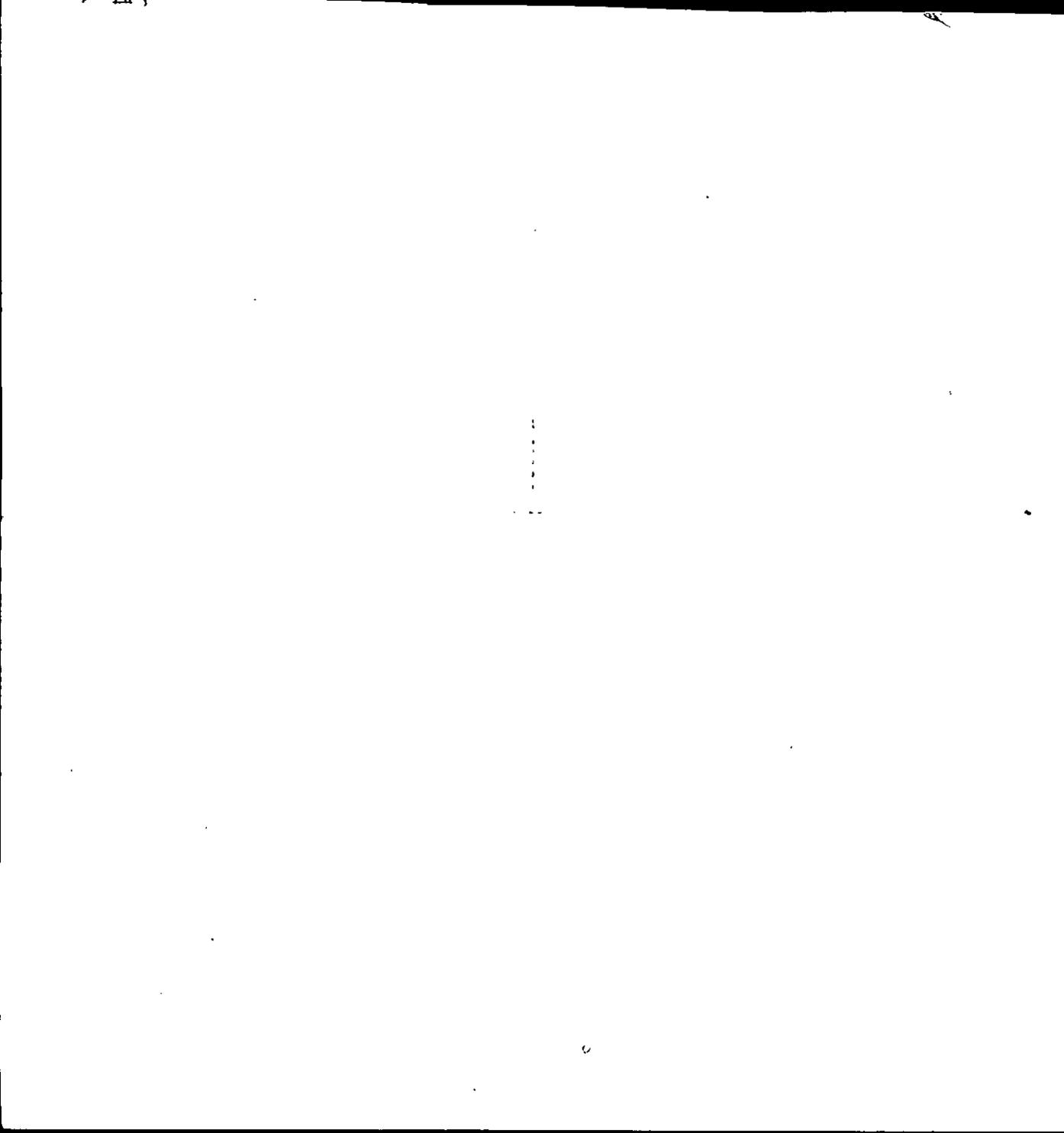
*Chronic Nephritis*  
*131*  
*92-131*  
*100-131*  
Other contributory causes of importance: *arteriosclerosis with high blood pressure*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Physical & chemical* 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) *J. J. J.*, M. D.  
(Address) \_\_\_\_\_

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**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cole  
Township Liberty  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 215  
Primary Registration District No. 0295

File No. \_\_\_\_\_  
Registered No. 271  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph Brenneke  
(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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 2 10

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

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

13. NAME John Brenneke

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

15. MAIDEN NAME Francis Bushman

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

17. INFORMANT Mrs Mary Brenneke  
(ADDRESS) Toad Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Toad Mo DATE 10-31-1931

19. UNDERTAKER C. P. Heinrichs  
(ADDRESS) Toad Mo

20. FILED 10-2-1931 L. T. Cruse Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 to Oct 27, 1931  
I last saw him alive on Oct 27, 1931. Death is said to have occurred on the date stated above, at 12:00 a.  
The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Arteriosclerosis with high blood pressure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical & Clinical 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 \_\_\_\_\_

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) J. E. Guse, M. D.  
(Address) \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Supplementary

S-33977