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

Do not use this space.

1. PLACE OF DEATH

County: Randolph — Registration District No.: 735 — File No.: 41994

Township: — Primary Registration District No.: 3034 — Registered No.: 243

City: Moberly (No.: Woodland Hospital St.: Ward:)

2. FULL NAME: John Brennan

(a) Residence. No.: 423 No Ault St., 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
m	w	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Brennan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 92			

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

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

PARENTS

10. NAME OF FATHER: Patrick Brennan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Miss Alice Brennan
(Address): Moberly Mo

15. FILED 1/1 1932 Thos L Fleming REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 30th 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931 to Dec 30, 1931 that I last saw h. alive on Dec 30, 1931 and that death occurred, on the date stated above, at 2:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental fall from porch

186A
194B
86C (duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED X

IF NOT AT PLACE OF DEATH X

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? X

WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) R. D. Streeter, M. D.

12-30-1931 (Address) Moberly, 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: Moberly Mo — DATE OF BURIAL: Jan 2 1932

20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly Mo.

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.