

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

Do not use this space.

26177

399

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 44th & Miller St. & Miller Plaz. St. St. Lukes Hosp. Ward)

Registration District No. 1002
Primary Registration District No. 1002

File No. 3085
Registered No. 3085

2. FULL NAME Frederick Page Breneman

(a) Residence, No. Nesston, Kansas St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred no yrs. no mos. 7 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
no no None

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn
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) Kansas City, Mo.

13. NAME Frederick Stuffer Breneman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millard, Neb.

15. MAIDEN NAME Millie Elizabeth Page

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nesston, Kans.

17. INFORMANT (ADDRESS) St. Lukes Hospital (Roads)

18. BURIAL, CREMATION, OR REMOVAL (Cremation)
PLACE St. Lukes Hospital DATE Aug. 10 1932

19. UNDERTAKER (ADDRESS) Ashes removed to Nesston, Kansas

20. FILED 8/11 1932 M. M. Crowe Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1932, to Aug. 9 1932.
I last saw him alive on Aug. 9 1932. Death is said to have occurred on the date stated above, at 5:07 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Apoptosis pneumonia (bilateral) Rhaphysia Premature Rupture of Membranes Cardiac failure Generalized Anasarca
Date of onset Intra-uterine asphyxia
Other contributory causes of importance: Pneumonia at Birth
Name of operation Clipping Date of 10/15
What test confirmed diagnosis? Laboratory Was there an autopsy? yes

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) Theodore H. Aschman, M. D.
(Address) 1528 Prof Bldg

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.

