

JUN 25 1936

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

Do not use this space.

20363

1. PLACE OF DEATH *Platte*
County *Platte* Registration District No. *698*
Township *Pellico* Primary Registration District No. *3922*
City *Parkville* (No. *1*) St. _____ Ward _____

2. FULL NAME *Philip (A) Brenner*
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred *43* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 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 *Rose Helfen. Schway*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 8 1892*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 11 7

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 *16*

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

13. NAME *John P. Brenner*

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

15. MAIDEN NAME *Louise M. Busby*

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

17. INFORMANT (ADDRESS) *Mrs. Rose Brenner Parkville Mo*

18. BURIAL, CREMATION, OR REMOVAL *St. Mathews Episcopal* DAY *May 27 36*

19. UNDERTAKER (ADDRESS) *Deland H. Francis Parkville Mo*

20. FILED *5-29 1936 S.P.D. Ford* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 15th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *home*, 19____, to____, 19____.

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at *5:45* p.m.

The principal cause of death and related causes of importance were as follows:
Gunshot wound in head

Date of onset *5/15/36*

Other contributory causes of importance *167*

Name of operation *no* Date of _____

What test confirmed diagnosis? *✓* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *suicide* Date of injury *5-15-1936*
Where did injury occur? *In home at Parkville Mo*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Home*

Manner of injury *Revolver shot*
Nature of injury *Shot through head*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *A. L. S. Lumbard*
(Address) *Durban Mo. Crown Point County*

WRITE PLAINLY, RECORDING INK---THIS IS A PERMANENT RECORD

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.

