

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.

REC'D JAN 13 1939

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

Do not use this space.

42067

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Raw Primary Registration District No. 1002

City Kansas City (No. 1035) St. Joseph's Hospital

File No. 5133
Registered No. 5133
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Grandview, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 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 Margaret Elizabeth Brennan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 9 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Health

10. Date deceased last worked at this occupation (month and year) Dec 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catonsville, Mo.

MOTHER FATHER 13. NAME Daniel E. Brennan

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

15. MAIDEN NAME Ann Donegan

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

17. INFORMANT Mrs. J. P. Brennan (ADDRESS) Grandview, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathay Cem. R. C. Mo. DATE 1/4 1939

19. UNDERTAKER B. T. George and Sons (ADDRESS) Grandview, Mo.

20. FILED Dec 31, 1938 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1938, to Dec 30, 1938

I last saw him alive on Dec 29, 1938. Death is said

to have occurred on the date stated above, at _____ m.

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

Coronary Thrombosis Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy 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? No

If so, specify _____

(Signed) James D. Smith M. D.

(Address) 318 Professional Bldg., Kansas City, Mo.

