

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 100  
(No. St. Joseph's Hospital)

File No. 18173  
Registered No. 2265  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** James T. Brannan

(a) Residence. No. Williamsburg Iowa 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

PARENTS

10. NAME OF FATHER Hugh Brannan

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

12. MAIDEN NAME OF MOTHER Mary McGettigan

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

14. INFORMANT John A. Callahan  
(Address) 509 Valentine Road

15. FILED 6/2/27 m. m. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1927<sup>19</sup>

17. I HEREBY CERTIFY That I attended deceased from May 26, 1927, to May 26, 1927 that I last saw him alive on 6-1-1927, and that death occurred, on the date stated above, at 4:50 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Embolism  
945 1000 (duration) yrs. mos. ds. 2 minutes  
1074  
CONTRIBUTORY Bronchial Pneumonia (SECONDARY) (duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. at home

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History & Laboratory

(Signed) C. J. Cornuck, M. D. 6/2, 1927 (Address) 2502 East 16th St. KC. 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 DATE OF BURIAL

Williamsburg, Iowa 6/2/27 19

20. UNDERTAKER ADDRESS

QUIRK & TOBIN--20 West Linwood

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.

