

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

Do not use this space.

12567  
1491

**1. PLACE OF DEATH**

County Jackson  
Township Leaw  
City Kansas City, Mo. (No. 27 West 38th)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

William W Brenneman  
(a) Residence. No. 27 West 38th St. 5 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Brenneman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 22 - 1843</u>		
7. AGE <u>86</u>	YEARS <u>5</u>	MONTHS <u>13</u>
	DAY	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farmer</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Warrenburg  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Daniel Brenneman

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

12. MAIDEN NAME OF MOTHER Elizabeth Jatz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Emma Brenneman  
(Address) 27 West 38th St

15. FILED 4/5 1930 M. M. Cramer  
REGISTRAR  
asit

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 - 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1930 to April 5, 1930 that I last saw him alive on April 4, 1930 and that death occurred, on the date stated above, at 3 a. m. (If nonresident, give city or town and State)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
131  
9.5A  
Chronic interstitial  
nephritis (duration) 20 yrs mos. 4 ds.

CONTRIBUTORY (SECONDARY)  
Heart Block (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS Smear  
(Signed) Zeus P. [Signature], M. D.  
4/5 1930 (Address) 708 Cherry St

\*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 Forest Hill Cem DATE OF BURIAL April 7 1930

20. UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

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.

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