

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

Do not use this space.

35252-a

PLACE OF DEATH

County..... ADAIR
Township..... Benton
City..... KIRKSVILLE MO R R

Registration District No. 4
Primary Registration District No. 5-005

File No.
Registered No. 186
St. Ward)

2. FULL NAME MARTHA L. BRENNON

(a) Residence. No. 4 miles South of Kirksville St. Ward.
(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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 3th 1839

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	91	10	13	

8. OCCUPATION OF DECEASED on farm
(a) Trade, profession, or particular kind of work. retired
(b) General nature of industry, business, or establishment in which employed (or employer). Stroke Grain
(c) Name of employer DONT KNOW

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) MCCOUPIN CO ILL

PARENTS	10. NAME OF FATHER <u>DONT KNOW</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>ILL</u>
	12. MAIDEN NAME OF FATHER <u>NEVINS</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>ILL</u>

14. INFORMANT A E Brennan
(Address) KIRKSVILLE MO RR

15. FILED 12/27 19. 30 Mrs C H Beck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 16 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-16, 1930, to 11-16, 1930 that I last saw her alive on 11-16, 1930, and that death occurred, on the date stated above, at 11 23 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
92R

97 (duration) 3 hrs. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical findings
(Signed) Roy M. Hoff M. D.
. 19 (Address) Kirksville

*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 KATER CHURCH CEMETERY DATE OF BURIAL 11-18 1930

20. UNDERTAKER W. Davis Wilson ADDRESS Kirksville

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.

NOV 19 1930

