

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

Do not use this space.

37625

1. PLACE OF DEATH

County Jackson Registration District No. 302
 Township Kaw Primary Registration District No. 170
 City Kansas City (No. 3024 Garfield St. _____ Ward _____)

File No. _____
 Registered No. 4489

2. FULL NAME Miss Ella Brennan

(a) Residence, No. 3024 Garfield St. 17 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10th, 1877</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>5</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
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

12. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri

13. NAME Timothy Brennan

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

15. MAIDEN NAME Mary Moran

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

17. INFORMANT Miss Mary Brennan
 (ADDRESS) 3024 Garfield

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Mary's Cemetery 11/10/31

19. UNDERTAKER W. P. Mayberry
 (ADDRESS) City

20. FILED 11-9-31 M. M. Cronin
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7th, 1931 to Nov. 7th, 1931
 I last saw him alive on Nov 7, 1931. Death is said to have occurred on the date stated above, at 6 P.M.

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

Chronic Pericardial Effusion
Nephritis
131
1325
131
 Date of onset Nov 1930

Other contributory causes of importance: Uremic Coma

0 Name of operation none Date of _____
 What test confirmed diagnosis? Prob Was there an autopsy? no

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) J. J. Stephen M. D.
 (Address) 1112 E. Union, 2nd

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.

11/23/11
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