

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

Do not use this space.

5272

1. PLACE OF DEATH
 56 County Lewis Registration District No. 477
 1 Township Carleton Primary Registration District No. 4286
 2 City Carleton (No. _____) St. _____ Ward _____

2. FULL NAME Theresa Agnes Brennan
 (a) Residence, No. _____ 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.

File No. _____
 Registered No. 10
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Edward Brennan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 4 0
 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. _____
 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) (STATE OR COUNTRY) Clark County Mo.
 13. NAME Felix Ramsey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Raney Durbin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT Miss Florence Brennan
 (ADDRESS) Carleton Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Gabriel Mo. DATE Feb. 27 1932
 19. UNDERTAKER Carl J. Douglas
 (ADDRESS) Carleton Mo.
 20. FILED 2-26 1932 H. W. Harris
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1932
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932, to Feb. 25, 1932.
 I last saw him alive on Feb. 25, 1932. Death is said to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Feb. 11/32
 Other contributory causes of importance:
3
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) Mr. Galt Porter M. D. O.
 (Address) Carleton Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 28 1932

