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.

MAY 22 1933

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

Do not use this space.

12774

1. PLACE OF DEATH

26 County Cole — Registration District No. 213 — File No. 92

Township [illegible] — Primary Registration District No. 52968 — Registered No.

City " (No. , St. Ward)

2. FULL NAME Bernard Joseph Brennecke

(a) Residence, No. Osage City RR 1 Box 47 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) Feb. 6, 1900

7. AGE: YEARS 33 — MONTHS 2 — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Taos, Mo.

FATHER
13. NAME Joseph Brennecke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo. 8

MOTHER
15. MAIDEN NAME Mary Backers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo.

17. INFORMANT (ADDRESS) Mary Brennecke Osage City, Mo. RR 1 Box 47

18. BURIAL, CREMATION, OR REMOVAL
PLACE Taos, Mo. DATE 4/12, 1933

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home Jefferson City, Mo.

20. FILED 4/11/1933 W. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1933, to Apr 9, 1933

I last saw in alive on Apr 8, 1933 Death is said to have occurred on the date stated above, at 2 P. m.

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

Spinal meningitis non infectious caused by influenza bacillus

Date of onset

Other contributory causes of importance: Influenza

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? no
If so, specify

(Signed) L. A. T. Meyer, M. D.
(Address) Jefferson City Mo