JAN 3 1934

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

Do not use this space.

32563

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No. 246

Township — Primary Registration District No. 3014 — Registered No.

City Jefferson City (No. Dt. Mary's Hospital St. Ward)

2. FULL NAME John Brenneke

(a) Residence, No. Schubert Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Dec 12 / 1 / 33

7. AGE: YEARS 56 — MONTHS 10 — DAYS 30 — 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) Toas, Mo.

FATHER

13. NAME Joseph Brenneke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Brand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toas, Mo.

17. INFORMANT (ADDRESS) Miss Mary Brenneke Toas Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Toas Mo. DATE 11/2/33. 19

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

20. FILED 12/5/ 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1933, to October 31, 1933

I last saw him alive on October 31, 1933 Death is said to have occurred on the date stated above, at 2:30a.m.

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

	Date of onset
Malignancy (squamous cell carcinoma)	about 2 yrs ago

53 53

Other contributory causes of importance:
Usual metastasis

Name of operation Excision in which there was definite skin involvement Date of

What test confirmed diagnosis? microscopical 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) [signature], M. D.
(Address) Jefferson City, Mo.