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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.

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

Do not use this space.

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1. PLACE OF DEATH

32 County DeKalb
Township Camden
City (No. St. Ward)

Registration District No. 259
Primary Registration District No.

File No.
Registered No.

2. FULL NAME William J. Brennan

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15th 1856

7. AGE YEARS 77 MONTHS 0 DAYS 20 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) Queenstown (STATE OR COUNTRY) Ireland

FATHER 13. NAME Philip Brennan

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

MOTHER 15. MAIDEN NAME Mary Kelroy

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

17. INFORMANT Mrs. W. J. Brennan (ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn, Maysville DATE 1/7-34 19.

19. UNDERTAKER U. G. Pilcher (ADDRESS) Maysville Mo

20. FILED Jan 6 1934 J. J. Phelps Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16 1933 to Jan. 5 1934

I last saw him alive on Jan 5 1934 Death is said

to have occurred on the date stated above, at 11:30 A.M.

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

Influenza
Acute Myocarditis
116A
116B

Date of onset 12/28/33

Other contributory causes of importance

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) M. D.

(Address) Maysville, Mo

