

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 24 1934

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

Do not use this space.

5197

1. PLACE OF DEATH

County JACKSON Registration District No. \_\_\_\_\_  
 Township MAVY Primary Registration District No. 390  
 City KANSAS CITY No. 3213; OLIVE St. 1002 Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 923  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MRS. MINNIE BRENNAN

(a) Residence, No. 3213; OLIVE 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <u>JAY BRENNAN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 28-1869</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>NONE</u>		If LESS than 1 day, .....hrs. or .....min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>BARRE VERMONT</u>		
13. NAME <u>RANSON CLARK</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>VERMONT</u>		
15. MAIDEN NAME <u>UNKNOWN</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>VERMONT</u>		
17. INFORMANT <u>MRS. M. BENZ</u> (ADDRESS) <u>3213-OLIVE ST</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FOREST HILL</u> DATE <u>FEBRUARY 26, 34</u>		
19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>2111 EAST-9TH ST</u>		
20. FILED <u>2-26</u> 19 <u>34</u> <u>M. M. Crowl</u> <u>Asst. Registrar.</u>		

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Bronchitis Pneumonia  
 Date of onset \_\_\_\_\_  
1077  
167  
1077  
 Other contributory causes of importance:  
Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) P. H. HUBBARD, M. D.  
 (Address) New City MO

