

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

Do not use this space

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City

Registration District No. 389

Primary Registration District No. 1002

(No. St. Joseph Hospital)

File No. 9097

Registered No. 1294

St. Ward

2. FULL NAME Joseph R. Bremner

(a) Residence, No. 818 E. 43rd St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 12 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 Mrs. Isabelle Bremner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
73 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Industrial District
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER 13. NAME David Bremner

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT Mrs. Isabelle Bremner
(ADDRESS) 818 E. 43rd St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 3/23/34

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Missouri

20. FILED Mar 22, 1934 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21/34 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1934, to Mar 21, 1934

I last saw ~~him~~ alive on Mar 20, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Carcinoma of Stomach and Esophagus
46
46
Other contributor causes of importance: Acute labor pneumonia Date of onset 4-Mar-34

Name of operation Test. Enteroctomy Date of 3-19-34

What test confirmed diagnosis? X-ray Was there an autopsy? no

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) George H. Jayer, M. D.

(Address) Kansas City, Mo

Wm. H. Jones
Angels Alley
2 to 5

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. *1294*
 City..... (No. *St Joseph Hospital*) St. Ward)

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-21-1934*

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. alive on, 19..... Death is said

7. AGE *73* YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at m.

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

8. Trade, profession, or particular kind of work done, as spinner, 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

Date of onset

Carcinoma of stomach with pancreas metastasis in stomach

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

13. NAME

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.

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

Manner of injury

Nature of injury

15. MAIDEN NAME

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harry H. Jones*, M. D.

(Address) *7*

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED *3/22 1934 M M Crowe Registrar*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-9097