

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 39F
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 610 W. 67th Terrace) Sl. 1502 Ward 190

2. FULL NAME

Daniel T. Brosnahan 625

(a) Residence, No. 610 W. 67th Terrace 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary E. Brosnahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1873

| | | | |
|--------------|----------|-----------|----------------------------------|
| 7. AGE YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| <u>64</u> | <u>9</u> | <u>11</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

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) Missouri

13. NAME Timothy Brosnahan

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

15. MAIDEN NAME Mary Reidy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, D. C.

17. INFORMANT (ADDRESS) Mrs. Mary E. Brosnahan 610 W. 67th Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 1-15-38, 1938

19. UNDERTAKER (ADDRESS) Swirk & Robin Co Kansas City, Mo.

20. FILED Jan 14 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1937, to Jan 13 1938

I last saw him alive on Jan 13 1938. Death is said to have occurred on the date stated above, at 2:30 A. m.

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

Coronary thrombosis

Date of onset

Other contributory causes of importance:

angina pectoris myocarditis

Name of operation Date of

What test confirmed diagnosis? Clinical 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) W. J. Decker, M. D.

(Address) 919 Rioco Bldg.

WRITE PRINTED WITH UNWRAPPING 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.

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