

JAN 9 8 1929

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

Do not use this space.

1. PLACE OF BIRTH

County Dunklin  
Township Duncan  
City Cora, Mo. (No. ....)

Registration District No. 929  
Primary Registration District No. 6121

File No. 43815  
Registered No. 14

2. FULL NAME Daniel Lovell Brinkley

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 30, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 8 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Wentz, Mo.  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jerry Brinkley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Car.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca Lovell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. Car.  
(STATE OR COUNTRY)

14. INFORMANT James Brinkley  
(Address) Cora Mo.

15. FILED 12-27, 1928 J.M. Rogers REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 25 1928

17. I HEREBY CERTIFY That I attended deceased from Feb. 1, 1928 to Dec. 25, 1928 that I last saw him alive on Aug. 19, 1928 and that death occurred, on the date stated above, at 11:35 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic nephritis  
131

127  
107 (duration) not known yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Hypertension  
Prostatic Enlargement yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? not known

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. S. Montgomery, M.D.  
Dec. 26 1928 (Address) Wilson Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Whit Oak Cem. Cora. DATE OF BURIAL Dec 27, 1928

20. UNDERTAKER C. A. Schwene ADDRESS Wilson Mo.

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.

