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

Do not use this space.

12233

MAY 26 1929

1. PLACE OF DEATH

County: FRANKLIN — Registration District No. 293

Township: CALVEY — Primary Registration District No. 5416

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 21.

2. FULL NAME: Philip Brinley

(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 6 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): JAN. 28-1851

7. AGE: Years 79 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Jefferson
(STATE OR COUNTRY): Country Mo.

PARENTS

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): St. Louis Mo

12. MAIDEN NAME OF MOTHER: Hanney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Jefferson Co. Mo

14. INFORMANT: Mary E. Brinley
(Address): Pacific Missouri R.R.2

15. FILED 4-22, 1930 Nola M. Shiela
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1930 to Apr 21, 1930, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-Acherosis
97
General (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. S. Hembree, M.D.

4/22, 1930 (Address) Pacific 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: Brush Creek Cemetery — DATE OF BURIAL: 4/23 1930

20. UNDERTAKER: B. L. Schue — ADDRESS: Catawissa Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD