

OCT 31 1930

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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Union
City Harrison (No.)

Registration District No. 711
Primary Registration District No. 5940

276092
File No. 32
Registered No. 12
St. Ward)

2. FULL NAME

George B Brindle
(a) Residence. No. St. Ward.
(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. (If nonresident, give city or town and State)

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

Kate Brindle

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

1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

80

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)

Chambersburg Pa

(STATE OR COUNTRY)

10. NAME OF FATHER

Peter Brindle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pa

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mrs Snailen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Pa

(STATE OR COUNTRY)

14. INFORMANT

Clyde R Brindle
Brick, Okla

(Address)

15. FILED

8/12, 1930

A S Lick

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-28 1930

17. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

that I last saw him alive on, 19...., and that death occurred, on the date stated above, at 1-45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Failure

200A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

No pay

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED BY

(Signed)

W. Luper Cornes

, 19 (Address)

Richland 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

DATE OF BURIAL

Brick, Okla

Sept 2 1930

20. UNDERTAKER

ADDRESS

J. H. Glick

Brick, Mo

