

WRITE PLAINLY, WITH UNFADING 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.

NOV 22 1930

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

Do not use this space.

32583

1. PLACE OF DEATH

County Franklin Registration District No. 297 File No. _____
Township St. Johns Primary Registration District No. 5414 Registered No. 97
City Washington (No. _____) St. _____ Ward _____

2. FULL NAME

Mathilda Sophia Brinker
(a) Residence. No. R. F. W. Washington, Mo. Ward. _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Julius H. Brinker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16-1875

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
55 1 6

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

9. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) R. F. W. Mo.

10. NAME OF FATHER Frank Niederholt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington
(STATE OR COUNTRY) R. F. W. Mo.

12. MAIDEN NAME OF MOTHER Sophia Kopp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bas Baden
(STATE OR COUNTRY) Germany

14. INFORMANT Julius H. Brinker
(Address) Washington, Mo.

15. Oct 22 1930 C. L. Immersch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1930 Oct. 22 1930 that I last saw her alive on Oct. 21 1930 and that death occurred, on the date stated above, at 7:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59

CONTRIBUTORY (SECONDARY) Doul hum (duration) 2 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? urine test
(Signed) J. D. Manquin, M. D.
; 19 (Address) Washington

*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 Catholic Ceme DATE OF BURIAL 10/25/30

20. UNDERTAKER Nieburg & Nitt, Washington ADDRESS Mo.

