

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

Do not use this space.

36780

File No. \_\_\_\_\_  
Registered No. 291  
St. 3 Ward

**1. PLACE OF DEATH**

County Mason Registration District No. 577  
Township Mason Primary Registration District No. 3029  
City Hannibal (No. 109, Mahoney Ave)

**2. FULL NAME**

(a) Residence. No. 109 Mahoney Ave St. 3 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Forbes Bink

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1924, to Nov 4, 1930  
that I last saw him alive on Nov 1, 1930, and that death occurred, on the date stated above, at 3:45 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11 - 1859

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 9 23

myocardial degeneration

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Trimmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer Cluffy Lowbridge Stone Co

**CONTRIBUTORY (SECONDARY)**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polido Ohio

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER John Peter Bink

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E.E. Salger, M. D.

12. MAIDEN NAME OF MOTHER .. ..

, 19 (Address) Hannibal 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.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Mt. Olivet Cemetery Nov. 6 - 1930

14. INFORMANT May Forbes Bink  
(Address) Hannibal Mo.

20. UNDERTAKER ADDRESS  
Schwartz Funeral Home Hannibal Mo

15. FILED Nov 5 1930 Clayton  
REGISTRAR

Please correct question 5a, 6 & 7.

NAVY - 1930

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367

**1. PLACE OF DEATH**

County Marion Registration District No. 547 File No. \_\_\_\_\_  
 Township Mason Primary Registration District No. 3029 Registered No. 291  
 City Hannibal (No. 109, Mahoney St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** John Peter Brink

(a) Residence, No. 109 Mahoney Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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. ~~XXX~~ ~~MARRIED, WIDOWED, OR~~ ~~ADVICEA~~ (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
OR WIFE OF Mary Margaret Brink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
72 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tinner  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Duffy-Trowbridge  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Hannibal,  
 (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Don't know

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

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) " "  
 (STATE OR COUNTRY)

17. INFORMANT Mary Forbes Brink  
 (ADDRESS) Hannibal, Mo.

BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt Olivet Cem DATE 11-6-1930

UNDERTAKER Schwartz Funeral Home  
 (ADDRESS) Hannibal, Mo.

FILED 11-5- 1930 C E Cousins  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1930 1930

22. I HEREBY CERTIFY, That I attended deceased from  
Oct 1, 1930 to Nov 4th 1930, 1930

I last saw h. im alive on Nov 4th 1930 Death is said

to have occurred on the date stated above, at 3:45p.

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

Myocarditis Degeneration

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1930

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) C E Salyer, M. D.

(Address) Hannibal, Mo.

in plain text may be properly class