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

Do not use this space.

9969

File No. 1237

Registered No. .....

1. PLACE OF DEATH

County Jackson Registration District No. .....

Township Kaw Primary Registration District No. .....

City Kansas City (No. Wesley Hospital St. ..... Ward)

2. FULL NAME Andrew W. Brink

(a) Residence. No. 918 East Armour 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katharine Brink

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	10	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) & Bonding Business

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

14. INFORMANT Mrs. Katharine Brink
(Address) 918 East Armour

15. FILED 3/14, 19 31 M. M. Crouch, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1931, to Mar 12, 1931, that I last saw him alive on Mar 12, 1931, and that death occurred, on the date stated above, at 8:30P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis Chronic Diffuse (1)
Hemiplegia Rt. (2)
131
8:30 P.M.
10 P.M.
(duration) 5 (2) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonic Hypostatic Bronchial (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory

3/13, 1931 (Signed) J. Porter, M. D.
(Address) Kc 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 Forest Hill Cem. DATE OF ~~BURIAL~~ 3-14 1931

20. UNDERTAKER Stice & McClure ADDRESS 3235 Gillham Plaza

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

4802 Prospect
Wa 2378