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.

AUG 29 1931

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

Do not use this space.

29213

1. PLACE OF DEATH
County St. Francois
Township Randolph
City Leadwood (No. ..... St. ..... Ward)

Registration District No. 33
Primary Registration District No. 6024B

File No. .....
Registered No. 15

2. FULL NAME Fred Mathias Brinley
(a) Residence, No. Leadwood St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27, 1895
7. AGE: YEARS 36 MONTHS 5 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner 201
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lead mines 201
10. Date deceased last worked at this occupation (month and year): July 31, 1931
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Desota Mo.

FATHER
13. NAME: Mathias Brinley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey

MOTHER
15. MAIDEN NAME: Marry Terry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Ben Bay Leadwood Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Burial Leadwood DATE: Aug. 3 1931
19. UNDERTAKER (ADDRESS): Jr. S. Boyer Leadwood Mo
20. FILED: 8 3 1931 W. E. Aubrecht Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 1, 1931
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 4 a. m.
The principal cause of death and related causes of importance were as follows:
by being crushed by falling rock in an unavoidable accident (Verdict of Coroner's Jury)
Date of onset
Other contributory causes of importance:
Occurred in Lead Mine
Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-31, 1931.
Where did injury occur? Leadwood Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Underground in lead mine
Manner of injury Crushed by falling rock.
Nature of injury Skull fractured Broken leg.
24. Was disease or injury in any way related to occupation of deceased? Yes.
If so, specify Mule driver in lead mine.
(Signed) R. B. Lister Coroner, M. D.
(Address) Desloge Mo.