

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

Do not use this space.

13868

1. PLACE OF DEATH

96 County St. Louis
Township Candleblow
City St. Louis (No.)

Registration District No. 1123
Primary Registration District No. 6248

File No.
Registered No. 134 Ward St.

2. FULL NAME

Sister Mary Dorothy Brinkworth
(a) Residence, No. Merry View, Dallas, Texas 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. 1 year
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 - 1901
7. AGE YEARS 31 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Frank Brinkworth 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER 15. MAIDEN NAME Catherine Purkin 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

17. INFORMANT Sister M. Anthony, Superior (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 4-26 - 1932

19. UNDERTAKER Mullen Funeral Co. (ADDRESS) 5765 Delmar Bldg

20. FILED Apr. 21 1932 L. C. Abbott Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 20 1932
22. I HEREBY CERTIFY, That I attended deceased from 4 - 16 1932 to 4 - 20 1932
I last saw her alive on 4 - 20 1932 Death is said to have occurred on the date stated above, at 12:05 A.

The principal cause of death and related causes of importance were as follows:
Pneumonia T. B. Date of onset

23A
117B
95B 23 ①

Other contributory causes of importance:
Residual nerve

Urinary dilatation of heart.

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 , 19

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) Charles E. Heers M. D.
(Address) 4101 S. Woodway

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.

MAY 28 1932

