

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.

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

Do not use this space.

35313

1. PLACE OF DEATH

36 County Franklin
Township Catawissa
City..... (No.....)

Registration District No. 293
Primary Registration District No. 5416

File No.....
Registered No. 37
.....St.Ward)

2. FULL NAME

Charles A. Brinley
(a) Residence, No. Catawissa Mo. St.Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Brinley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 5, 1852</u>		
7. AGE	YEARS	MONTHS
<u>80</u>		<u>9</u>
		<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan. 1, 1930</u>		11. Total time (years) spent in this occupation <u>25</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis County Mo.</u>		
13. NAME <u>John Brinley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Mary Williams</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Idley Brinley</u> (ADDRESS) <u>Pacific, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel Cem.</u> DATE <u>Nov. 18, 1932</u>		
19. UNDERTAKER <u>Schrader Und. Co.</u> (ADDRESS) <u>Ballwin Mo.</u>		
20. FILED <u>Nov-16 1932</u> <u>Idley M. Theiles</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932, to Nov 13, 1932
I last saw him alive on Nov 13, 1932 Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset 11-4-32
90%
107% 92%
Other contributory causes of importance:
Metast. Disease 1 stomach years

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify.....
(Signed) A. L. McRay, M. D.
(Address) Pacific, Mo.

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