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.

217

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

Do not use this space.

File No. 16554

Registered No. 2045

1. PLACE OF DEATH
County Jackson
Township Blue
City Kansas City (No. Leeds T.B. Hosp St. Ward)
Registration District No. 399
Primary Registration District No. 1092

2. FULL NAME Velma Brink
(a) Residence, No. 3417 E 27, Kansas City Mo Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-07

7. AGE YEARS 25 MONTHS 4 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Missouri

FATHER
13. NAME Jack Brink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Minnie Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) K. C. T. B. Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkville Mo DATE May 14 1933

19. UNDERTAKER (ADDRESS) Noland Undertaking Co Parkville Mo

20. FILED 5-12 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/18/32, 19..., to 5/12/33, 19...
I last saw her alive on 5/11/33, 19... Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Hl	18 mos
Tuberculosis of Larynx	6 mos
Tuberculosis of Intestines	4 mos

23A

Other contributory causes of importance: 23

25

Name of operation None Date of
What test confirmed diagnosis? + + Spinal Mo
Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 19...
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible]
(Address) Kansas City Mo