

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.

29302

1. PLACE OF DEATH

County GasconadeRegistration District No. 302Township ClayPrimary Registration District No. 6231City (No.)File No. Registered No. St. Ward 2. FULL NAME Goldie Brinkman(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF — Emil Brinkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>19</u>	<u>8</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Shoe Worker

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) Owensville (STATE OR COUNTRY) Mo13. NAME Louis Hollandsworth14. BIRTHPLACE (CITY OR TOWN) Owensville (STATE OR COUNTRY) Mo15. MAIDEN NAME Mary Bombach16. BIRTHPLACE (CITY OR TOWN) Blond (STATE OR COUNTRY) Mo17. INFORMANT Walter Bell-Bruer (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 9 - 25 193319. UNDERTAKER W. F. Bettinstraeter (ADDRESS) Owensville Mo20. FILED Sept 24 1933 Goldie Brinkman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 193322. I HEREBY CERTIFY, That I attended deceased from Aug 30 1933 to Sept 23 1933I last saw him alive on Sept 23 1933 Death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

23A

Other contributory causes of importance:

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) Goldie Brinkman, M. D.(Address) Blond Mo

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