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

Do not use this space.

33082

4015

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1062
City Kansas City, Mo. (No. 4132 E. 11 Street St. Ward)

File No.
Registered No.

2. FULL NAME Thomas E. Brinsdon
(a) Residence, No. 4132 E. 11 Street 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: 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: Catherine Brinsdon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22 1899

7. AGE: 34 YEARS — MONTHS: 3 — DAYS: 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 10 & Lister
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): Kansas City, Mo

FATHER
13. NAME: Joseph E. Brinsdon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herman, Mo.

MOTHER
15. MAIDEN NAME: Hanorah Francis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo.

17. INFORMANT (ADDRESS): Mrs Catherine Brinsdon 4132 East 11th

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem DATE 10/14 1933

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co. 20 West Linwood.

20. FILED Oct 12 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-11-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Anteroyocardial Infarction	

Other contributory causes of importance:

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

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) [signature] DEP-COR M.D.
(Address) [illegible]

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.

NOV 10 1933