

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

Do not use this space.

40654

58  
26  
1934

1. PLACE OF DEATH  
 County Linn Registration District No. 499  
 Township Delay Primary Registration District No. 15664  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Preston S. Brinkley  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	5	7	

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

13. NAME Wm P. Brinkley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo Missouri

15. MAIDEN NAME Stella Blythe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo Missouri

17. INFORMANT (ADDRESS) Wm P. Brinkley Linn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE S.O.O.F. Cem DATE Dec 31 1933

19. UNDERTAKER (ADDRESS) Home Club Co Linn Mo

20. FILED 72-1 1934 W. H. Anderson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Syst, 1930, to Dec 30, 1933  
 I last saw him alive on Dec 29, 1933. Death is said to have occurred on the date stated above, at 9 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset \_\_\_\_\_  
 Other contributory causes of importance stroke

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) J. O. Carrico Jr. M. D.  
 (Address) Linn, Mo

