

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

Do not use this space.

File No. 17561
Registered No. 58
St. _____ Ward _____

1. PLACE OF DEATH
County Hodaway Registration District No. 628
Township _____ Primary Registration District No. 3031
City Marionville Mo (No. _____) St. _____ Ward _____

2. FULL NAME John R. Brink
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-27-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>76</u>	<u>7</u>	<u>17</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chillicothe
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER John J. Brink

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ross County, Ohio

12. MAIDEN NAME OF MOTHER Mary J. Crider

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ross County, Ohio

14. INFORMANT Mrs R. P. Hooper
(Address) _____

15. FILED 5-16-34 Maunie E. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-14-1934

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1934 to May 14, 1934
that I last saw him alive on May 14, 1934 and that death occurred, on the date stated above, at 2:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Right Lower Lobar Pneumonia followed by non resolution & heart failure
(duration) _____ yrs. 75 mos. 15 ds.

CONTRIBUTORY (SECONDARY) Ceregia Pectoris (duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 10th St
IF NOT AT PLACE OF DEATH. No
DID AN OPERATION PRECEDE DEATH. No DATE OF _____
WAS THERE AN AUTOPSY. No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Shao J. Bell, M. D.
, 19 (Address) Marionville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mission DATE OF BURIAL May 16 1934

20. UNDERTAKER Campbell Funeral Home ADDRESS Marionville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1934

PARENTS

