

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

Do not use this space.

30413

**1. PLACE OF DEATH**

County Platte  
Township Platte  
City (No. ....) (No. ....)

Registration District No. 1695  
Primary Registration District No. 5-179

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Minnie Martin Brink Ward. (If nonresident, give city or town and State)

(Usual place of abode) Parkville mo R.F.D #2  
Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53      2      5

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.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Leavenworth  
(STATE OR COUNTRY) Kansas

13. NAME Samuel Martin  
14. BIRTHPLACE (CITY OR TOWN) Platte County  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Finley  
16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT Elmer Brink  
(ADDRESS) Parkville mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Walnut Grove DATE Aug 5 1934

19. UNDERTAKER Roland Undertaking Co  
(ADDRESS) Parkville mo

20. FILED 8-9 1934 S. P. Ford  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1934 to Aug 4 1934  
I last saw him alive on Aug 4 1934 Death is said to have occurred on the date stated above, at 1 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Throat  
458  
Other contributory causes of importance:  
Date of onset

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

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? No  
If so, specify .....  
(Signed) J. H. Underwood M. D.  
(Address) Parkville

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.

AUG 16 1934

