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

Do not use this space.

8714

APR 17 1935

36

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township ~~Washington~~ — Primary Registration District No. 3016 — Registered No. 37
City Washington (No. ..., ... St. ... Ward)

2. FULL NAME Marie Katharine Brinkmann
(a) Residence, No. 317 East 4th 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 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Brinkmann. Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
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) Port Hudson Franklin Co Mo

FATHER
13. NAME Henry Brune
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Hudson Mo

MOTHER
15. MAIDEN NAME Marie Koenig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Hudson Mo Franklin Co

17. INFORMANT Mrs Ed Werner (Daughter)
(ADDRESS) Washington Mo

18. BURIAL, CREMATION, OR REMOVAL Evangelical
PLACE Cemetery Washington Mo DATE Mar 19-1935

19. UNDERTAKER Otto & Co
(ADDRESS) Washington Mo

20. FILED Mar. 18- 1935 H. A. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
92c	

Other contributory causes of importance:

Name of operation none Date of ...
What test confirmed diagnosis? clinical 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) E. L. Worthington coroner, ~~M. D.~~
(Address) Labadie Mo.

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.