

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Wassonade*Registration District No. *306*

Township

Primary Registration District No. *4184*City *Owensville*

(No. _____)

St. _____

Ward _____

2. FULL NAME

Herman Fredrick Brinkmann(a) Residence, No. *Owensville, Mo*

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*Mrs. Mary Brinkmann*

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

Sept. 26, 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.*84**4**10*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farmer

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)

*Wassonade
Germany*

FATHER

13. NAME

Fredrick Brinkmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Germany
of Unknown*

MOTHER

15. MAIDEN NAME

H. Kathrin Stolle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*unknown
Germany*

17. INFORMANT (ADDRESS)

*Mrs. Chas. Kramm
Owensville, Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Owensville, Mo

DATE

3-8

1937

19. UNDERTAKER (ADDRESS)

*Jappney & Murray
Owensville, Mo*

20. FILED

3-10

1937

*J. J. Ferrell,
Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

March, 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from

*March 15, 1936, to March 6, 1937*I last saw him alive on *March 5, 1937*. Death is saidto have occurred on the date stated above, at *6:00 A.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

3-15-37

Other contributory causes of importance:

*Chronic Parenchymatous
Nephritis and general
arteria Sclerosis*

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)

Joseph W. Mills

, M. D.

(Address)

Owensville 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.

