

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.

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair

Township

City KirksvilleRegistration District No. 4Primary Registration District No. 3001(No. (Stickler Hosp.))File No. 33509Registered No. 189

St.

Ward

2. FULL NAME Jack Orville Brinegar(a) Residence, No. 1103 S. Wabash

(Usual place of abode)

St.

Ward.

(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 OFAlma Carico Brinegar6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18 1895

7. AGE

YEARS

42

MONTHS

4

DAYS

2524If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Machine Operator9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Shoe Factory10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bagnell, Mo.

MOTHER

13. NAME Robert Lee Brinegar14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri15. MAIDEN NAME Tabitha Connor16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Miller Co.
Missouri17. INFORMANT Mary Slyck

(ADDRESS)

Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple HillDATE 9-15-193719. UNDERTAKER Davis Funeral Home

(ADDRESS)

Kirksville Mo.20. FILED Sept 141937Spencer L. Freeman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12 193722. I HEREBY CERTIFY, That I attended deceased from
Sept 12 1937, to Sept 12, 1937I last saw him alive on Sept. 12, 1937. Death is saidto have occurred on the date stated above, at 10 P m.

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

myocarditis acute

Date of onset

Other contributory causes of importance:

Hemorrhage from Polypoid
Naevus
Chronic alcoholismName of operation Ligation of bleeding Date of Sept. 12, 37What test confirmed diagnosis? Naevus 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) R. Stickler, M. D.(Address) Kirksville Mo

1950

1951

1952

1953

1954

1955

1956