

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

Do not use this space.

7

1. PLACE OF DEATH
105 County Sullivan
Township Polk
City _____ No. _____ St. _____ Ward _____

Registration District No. 853
Primary Registration District No. 6120

File No. 4378
Registered No. _____

2. FULL NAME Edward Lee Brinkley 652
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OF RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 2 min.
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1938
22. I HEREBY CERTIFY That I attended deceased from Jan. 9, 1938 to Jan. 9, 1938.
I last saw him alive on Jan. 9, 1938. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:
Premature Birth
6 months Fetus
159
Date of onset _____
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller, Missouri
13. NAME Ralph Brinkley Corp.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Vina Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Melan, Missouri
17. INFORMANT (ADDRESS) Ralph Brinkley, 1111 N. 1st St., St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL Graveside Bur. DATE Jan 10 1938
19. UNDERTAKER (ADDRESS) C. A. Schoen, 1111 N. 1st St., St. Louis, Mo.
20. FILED Feb 5, 1938 W. Hasan Registrar.

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) W. W. Winters, M.D. _____, M. D.
(Address) Grand City, 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.

RECEIVED

FEB 28 1938

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