

REC'D SEP 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County BOONE
Township BOURBON
City (No. _____) _____ St. _____ Ward _____

Registration District No. 99
Primary Registration District No. J116

File No. 28301
Registered No. _____

2. FULL NAME

Louisa Katharine Brink

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <u>John Brink</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>88 7 23</u>		
7. AGE	YEARS	MONTHS
<u>88</u>	<u>7</u>	<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 1938

22. I HEREBY CERTIFY, That I attended deceased from was called, 19 Aug 18th Aug, 1938.
I last saw her alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows

Paralytic stroke
History. Stroke about 4 1/2 months ago

Other contributory causes of importance:
Gen Debility

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill.

FATHER

13. NAME Jabez Sublett

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

MOTHER

15. MAIDEN NAME Eliza Koger

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

17. INFORMANT (ADDRESS)
Mrs. George P. Phillips
Sturgeon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Grove DATE Sept 4, 1938

19. UNDERTAKER (ADDRESS)
Burns & Boothe
Sturgeon, Mo.

20. FILED 9/5 1938 M. S. Sullivan Registrar.

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) W. A. Robinson, M. D.
(Address) Sturgeon Mo

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LIBRARY

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28301

Do not use this space.

1. PLACE OF DEATH

(a) County Wagoner Registration District No. 79
(b) Township Bowman Primary Registration District No. 6/16 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louisa Katherine Beink

(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 7 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9-5 38 M. S. Stelman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on to 19..... Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

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. A. Robinson M. D.

(Address) Surgeon

1938
S-28501