

DEC 5 1938

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

40496

Do not use this space.

1. PLACE OF DEATH

(a) County Scott 2
(b) Township Richland 1
(c) City Sikeston, Mo. (d) Street No. _____
(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

(a) Residence No. 152 ADAM BRINSON 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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Evelyn Brinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/9/1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 8 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor at Hotel
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) 10/29/38
11. Total time (years) spent in this occupation 1 yr
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slaw Mississippi
13. NAME Ad Brinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 9
15. MAIDEN NAME Elyzabeth Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 9
17. INFORMANT (ADDRESS) James Brinson
18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE Nov. 6, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) ARDEN ELLIS
Sikeston Mo.
20. FILED 12-3 1938 W. H. Russell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29 1938

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 9:00 p.m.

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

Gunshot wound in head penetrating Brain Date of onset _____

Other contributory causes of importance: 173

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? Accident Date of injury 10/29 1938Where did injury occur? Sikeston, Missouri

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. F. Hummel(Address) Coroner Scott CountyCharleston, Mo.

DEC 29 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Nov 29

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.