

DEC 20 1939

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

44708  
Do not use this space.

1. PLACE OF DEATH  
(a) County Sullivan 2 Registration District No. 852  
(b) Township Cuncan Primary Registration District No. 6121 Registered No. ....  
(c) City Cora (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 James Washington Brinkley  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Julia Brinkley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19, 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 1 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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 60 yrs.  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cora Mo.  
13. NAME Daniel Brinkley  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
17. INFORMANT Victor Jones (ADDRESS) Miligan Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE 12-6 1939  
19. FUNERAL DIRECTOR Regent Lane (ADDRESS) Miligan Mo.  
20. FILED Jan 5 1940 Cleo Nagay Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1939  
22. I HEREBY CERTIFY, That I attended deceased from about a year or so ago, I think I was his first case of that kind. Death is said to have occurred on the date stated above, at 6:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Was very senile. Arteriosclerotic with probable senile dementia.  
Other contributory causes of importance: 97  
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) J. S. Montgomery M. D.  
(Address) Miligan 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

District Health Officer No. 10

District File Number 10-28-1057

Date Filed 1/14/39

STATEMENT BY LICENSED EMBALMER

I, Russell C. Higgins Licensed Embalmer No. 3792

hereby certify that the body recorded on the reverse side of this certificate was <sup>Card for</sup> ~~embalmed~~ by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Russell C. Higgins

Licensed Embalmer No. 3792

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.)