JUL 18 1939

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

Do not use this space.

22519

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Lafayette — Registration District No. 464

Township ~~Clay~~ Sni-A-Bar — Primary Registration District No. 5627

City ~~Wellington~~ Odessa (No. ..... St. ..... Ward)

2. FULL NAME Minnie Brinkman

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female

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 OF: Henry F. Brinkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 17, 1857

7. AGE: YEARS 82 | MONTHS 5 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bay Missouri

FATHER

13. NAME: Ferdinand Schonding

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

MOTHER

15. MAIDEN NAME: Minnie Hormann

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

17. INFORMANT (ADDRESS): H. C. Brinkman, Wellington, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Evan. Cemetery, Wellington, Mo. DATE: June 21, 1939

19. UNDERTAKER (ADDRESS): Quensing Funeral Home, Wellington, Mo.

20. FILED: June 19, 1939 Mrs E. M. Goodwin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1936, to June 18th, 1939. I last saw her alive on June 18th, 1939. 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:

arteriosclerosis

Date of onset

97

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? No

If so, specify .....

(Signed) R. G. Watts, M. D.

(Address) Wellington, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
10GM-11-24-33

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 7/11/39