FILED SEP 15 1942

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

Do not use this space. 26894

1. PLACE OF DEATH

County Carter — Registration District No. ~~144~~ 58 — File No. 18

Township Jackson — Primary Registration District No. ~~5207~~ 5273 — Registered No. 21

City (No. St. Ward)

2. FULL NAME Dude Brinkley

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7, 1866

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
76	I	28	

OCCUPATION

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

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) 1930 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina,

FATHER

13. NAME Wiley Brinkley,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina,

MOTHER

15. MAIDEN NAME Betty Cash,

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

17. INFORMANT Oscar Brinkley,
(ADDRESS) Leeper, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carson Hill, DATE 6-6-42 19

19. UNDERTAKER Mac. Condray,
(ADDRESS) Mill Springs, Mo.

20. FILED [illegible] 26 1942 Mrs A J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th, 1942-

22. I HEREBY CERTIFY, That I attended deceased from June Ist, 1942, to June 5th, 1942

I last saw him alive on 6-I-42, 19 ...... Death is said to have occurred on the date stated above, at 6 P m.

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

Chronic Myocarditis associated arterio-sclerosis (general)

Other contributory causes of importance: 938

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) T.W.Cotton, M. D.

(Address) Van Buren, Mo

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

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. 5,
District File Number 942834
Date Filed 9-14-42