

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

Do not use this space.

36903

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph, Mo. (No. Methodist Hospital) Registered No. 1133 Ward

2. FULL NAME

(a) Residence, No. Helen, Mo. St. Helen, Mo. Ward. Helen, Mo.
(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. da.

PERSONAL AND STATISTICAL PARTICULARS

5 MEDICAL CERTIFICATE OF DEATH

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilla Brinton

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 24 1863

8. AGE YEARS 68 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.

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

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) Oct. 1931 11. Total time (years) spent in this occupation. 28

12. BIRTHPLACE (CITY OR TOWN) Buchanan County, Missouri (STATE OR COUNTRY)

13. NAME Bryant Brinton

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

15. MAIDEN NAME Emily McOrary

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

17. INFORMANT Olvas Brinton (ADDRESS) Blair, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Nov. 10 1931

19. UNDERTAKER E. P. Sidenfaden (ADDRESS) 602 So. 10th St.

20. FILED NOV 9 1931 John B. Bender Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1931 to Nov 8 1931
I last saw him alive on Nov 8 1931. Death is said to have occurred on the date stated above, at 9:10 P.M.
The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction
myocardial infarction
137
107A
Pr. ch. a. O. infarction
Other contributory causes of importance: Pr. ch. a. O. infarction
hypertension
Pr. ch. a. O. infarction
retention of urine

Name of operation Pr. ch. a. O. infarction Date of Pr. ch. a. O. infarction
What test confirmed diagnosis? Cholesterol 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. F. Schindler, M. D.
(Address) St. Joseph, 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.

DEC 21 1931

