

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

Do not use this space.

10030

APR 22 1933

PLACE OF DEATH

County Jefferson Registration District No. 4200
Township Valle Primary Registration District No. 3020
City DeSoto (No. _____) St. _____ Ward _____

File No. _____
Registered No. 21

2. FULL NAME Virginia Louise Ogle Brinkman
(a) Residence No. 810 N Fifth St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 16 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Brinkman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 8

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) Jefferson County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William Ogle

14. BIRTHPLACE (CITY OR TOWN) Jefferson County
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Louise Williams

16. BIRTHPLACE (CITY OR TOWN) Jefferson County
(STATE OR COUNTRY) Missouri

17. INFORMANT Peter Brinkman
(ADDRESS) DeSoto, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro DATE Mar 5, 1933

19. UNDERTAKER Donnell E. Dietrich
(ADDRESS) DeSoto, Missouri

20. FILED 3/11 19 33 B. L. Langley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1933

I HEREBY CERTIFY, That I attended deceased from July - 1, 1933 to March 2, 1933
I last saw him alive on March - 2, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

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

Cancer of stomach not seen
466 46 B
Other contributory causes of importance: None

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) Walter C. Langley, M. D.
(Address) 401 S. 3rd DeSoto, 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.

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

