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

NOV 20 1934

Do not use this space.

36669

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 313
City Hannibal (No. X, St Elizabeth's Hospital St. Ward)

2. FULL NAME Rachel Brinkman
(a) Residence, No. 314 North Seventh 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 Joseph Brinkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 21, 1852

7. AGE YEARS 82 MONTHS 1 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) St Louis, Missouri

FATHER
13. NAME Morris Cohn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data / No data

MOTHER
15. MAIDEN NAME No data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Miss Belle Brinkman (Daughter)
(ADDRESS) 314 N 7th St, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jewish Cemetery DATE October 29, 1934

19. UNDERTAKER Wm M. Smith
(ADDRESS) 902 Bdwy, Hannibal, Mo.

20. FILED Oct 29, 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1933, 19..., to Oct 27, 1934
I last saw her alive on Oct 27, 1934. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	?
4th Primary Seat - Gastric	
1	
Other contributory causes of importance:	
Duodenal Obstruction	1 year

Name of operation — Date of
What test confirmed diagnosis? X ray 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) [signature], M. D.
(Address) Hannibal 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.