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.

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

Do not use this space.

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FEB 15 1937

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township Washington — Primary Registration District No. 1001
City Saint Joseph (No. 2318 Sylvanie Street St. Ward)

File No.
Registered No. 75

2. FULL NAME George Mitchell Brinton.
(a) Residence, No. 2318 Sylvanie St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1875

7. AGE: YEARS 61 — MONTHS 10 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
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) Agency, Missouri

FATHER
13. NAME G. C. Brinton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency, Missouri

MOTHER
15. MAIDEN NAME Margaret Gilmore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency, Missouri

17. INFORMANT (ADDRESS) Mrs. J. T. McKee, 2801 Messanie Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland cemetery DATE Jan. 23 1937

19. UNDERTAKER (ADDRESS) Stamey Funeral Home St. Joseph Mo.

20. FILED 1-22 1937 H J Nesterbush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1/14/37

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? History 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) G. W. Tadlock Coroner, M. D.
(Address) Pony Hill Bldg.