

MAY 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Trinity Hospital)

File No. 15454
Registered No. 2000
St. _____ Ward _____

2. FULL NAME Miss Agnes Brink

(a) Residence, No. 3820 Indiana St. _____ Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 11, 1882</u>		
7. AGE	YEARS	MONTHS
<u>135</u>	<u>54</u>	<u>7</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		

MOTHER	13. NAME <u>Abraham Brink</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
	15. MAIDEN NAME <u>Johanna Johnson</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>

17. INFORMANT <u>Miss Rose Brink</u> (ADDRESS) <u>3820 Indiana Avenue</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>April 29, 37</u>
19. UNDERTAKER <u>Freeman Mortuary & Chapel</u> (ADDRESS) <u>Kansas City, Missouri</u>
20. FILED <u>Apr 28, 1937</u> <u>M. M. Cronin</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to 4-27, 1937
I last saw h. alive on 4-27, 1937. Death is said to have occurred on the date stated above, at 6:25 P.m.

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

Chronic Nephritis
(Interstitial)

Other contributory causes of importance: 131

Name of operation no 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) J. R. Hall, M. D.
(Address) 626 Lathrop Bldg.

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.

1:30 - 4 P.M.

Ketchikan Bldg.

Mr. James Hall