

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

19509  
Do not use this space.

REC'D JUN 22 1939

**1. PLACE OF DEATH**

(a) County Pike Registration District No. 689  
 (b) Township ~~St. Louis~~ Primary Registration District No. 3033  
 (c) City Louisiana Mo (d) Street No. 223 "C" Registered No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 223-E-84 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX \_\_\_\_\_ 4. COLOR OR RACE Female African 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Harry Porter (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 about

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper  
 9. Industry or business in which work was done, as 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) Pike Co Mo

FATHER 13. NAME Tom Brinkman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

MOTHER 15. MAIDEN NAME Malinda Austin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Mo

17. INFORMANT (ADDRESS) Mr John Lamb Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE May 7 1939

19. FUNERAL DIRECTOR (ADDRESS) W. J. Buda Louisiana Mo

20. FILED May 16 1939 J. C. Haley Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from PM May 5<sup>th</sup> 1939, to May 5<sup>th</sup> 1939. I last saw her alive on May 5<sup>th</sup> 1939. Death is said to have occurred on the date stated above, at 5:40 am. The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular disease.  
95%

Other contributory causes of importance: Bronchial Asthma.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. W. Hamell, D.O. M.D.  
 (Address) Louisiana, 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.

1 X14023

RECEIVED

District Health Officer No. 10

District File Number 12-39-1034

Date Filed JUN 6 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

Harold Garner

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Harold Garner

Licensed Embalmer No. \_\_\_\_\_

3720

P. O. Address \_\_\_\_\_

Louisiana Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.