

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

43503
Do not use this space.

1. PLACE OF DEATH *Phelps Co.*
 (a) County..... *Phelps Co.* Registration District No. *677*
 (b) Township..... *Rolla* Primary Registration District No. *5901* Registered No. *147*
 (c) City.....
 (d) Street No. *2* (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Mary Louise Brinkley*
 (a) Residence, No. *Rolla 0 Mo* 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 *Female* 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) *Mar 3, 1937*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<i>3</i>	<i>9</i>	<i>9</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) *Hooker Mo.*

FATHER

13. NAME *Louis Brinkley*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Arlington Mo.*

MOTHER

15. MAIDEN NAME *May Dalton*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Phelps Co. Mo.*

17. INFORMANT (ADDRESS) *Mrs. Louis Brinkley Rolla Mo. R 710.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pillman Cem* DATE *12/13 1940*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Mrs. Harry McCaw Rolla Mo.*

20. FILED *Dec. 13 1940* *Jos. F. Ayers* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/11 1940*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 9 1940 to Dec 11 1940*, 1940
 I last saw her alive on *Dec 11 1940*. Death is said to have occurred on the date stated above, at *9:45 p.m.*
 The principal cause of death and related causes of importance were as follows:
Streptococcus throat
Peritonsillar abscess "right" Date of onset *11-9-40*

Other contributory causes of importance: *115C*

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?.....
 If so, specify.....
 (Signed) *James B. Jones* M. D.
 (Address) *610 Hull Building, Rolla, 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.

RECEIVED

District Health Officer No. 5,

District File Number 1-4147

Date Filed _____

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, or by _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.