

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Sullivan Co
Township of _____
or
Borough of Egglewille
or
City of _____

Registration District No. 57-02-41

Primary Registration District No. _____

File No. _____

Registered No. 1

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

2. FULL NAME Clarence (No. 652) Joshua Brink

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH February 7th 1931
(Month) (Day) (Year)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Hagen Brink

17. I HEREBY CERTIFY, That I attended deceased from, July 12th, 1930, to February 7th, 1931 that I last saw him alive on February 7th, 1931

6. DATE OF BIRTH (month, day, and year) July 5, 1863

and that death occurred, on the date stated above, at 5 P. m

7. AGE Years 67 Months 7 Days 2 IF LESS than 1 day,.....hrs. or.....min.

The CAUSE OF DEATH* was as follows:
Posterior lateral Sclerosis of Spinal Cord 73
(duration).....yrs. 7 mos. 7 ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY).....(duration).....yrs.....mos.....ds.

9. BIRTHPLACE (city or town) Pa. (State or country)

18. Where was disease contracted if not at place of death?.....

10. NAME OF FATHER M. C. Brink

Did an operation precede death?..... Date of.....

11. BIRTHPLACE OF FATHER (city or town) Pa. (State or country)

Was there an autopsy?.....

12. MAIDEN NAME OF MOTHER Elizabeth Palmatic

What test confirmed diagnosis? (Signed) H. R. Dawn M. D. Feb. 2 1931 (Address) Stonestown Pa.

13. BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. Informant John Brink (Address) Picture Rocks Pa.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Egglewille Cem. DATE OF BURIAL Feb 10 1931

15. Filed 2/9, 1931 R. D. Dehaer REGISTRAR

20. UNDERTAKER W. H. Deuder ADDRESS Newman Valley Pa.

MARGIN RESERVED FOR BINDING
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. See instructions on back of certificate.