

1 PLACE OF DEATH
STATE OF TEXAS

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Registrar's No. 18331

COUNTY OF Harris

CITY OR PRECINCT NO. Crosby Texas No. Street

If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred yrs. mos. days How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME OF DECEASED Jefferson Louis Brink

Residence: No. Street If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. Single Married Widowed Divorced (Write the word)

21. DATE OF DEATH 4-8-34 (month, day, and year)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Rebecca Brink

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

8. DATE OF BIRTH (month, day, and year) March 12 1861

I last saw h alive on 19; death is said to have occurred on the date stated above, at 3:10 p.m.

7. AGE 73 Years 0 Months 27 Days If LESS than 1 day, hrs. min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired carpenter

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

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (city or town) (State or country) Huffman Texas

Name of operation date of

13. NAME Unmarried Brink

What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (city or town) (State or country) Texas

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

15. MAIDEN NAME Anna Huffman

Date of injury 19

16. BIRTHPLACE (City or town) (State or country) Texas

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Mrs. W. E. Hittler (Address) Houston Texas

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL Place Huffman Date 4-9-34

Manner of injury

19. UNDERTAKER Paul H. Lee (Address) Houston Texas

Nature of injury

20. FILE DATE AND SIGNATURE OF REGISTRAR 4/9 1934 [Signature]

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Signed: G. S. [Signature] M. D. (Address) Crosby Texas