

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

Do not use this space.

MAR 37 1935

1. PLACE OF DEATH

County Madison Registration District No. 538
 Township St Michael Primary Registration District No. 5723
 City (No. _____) St. _____ Ward _____

File No. 6035
 Registered No. 13

2. FULL NAME Emma Lou Tinsley

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX I 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 '35

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

FATHER 13. NAME Jennings Tinsley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

MOTHER 15. MAIDEN NAME Fay Kesson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo.

17. INFORMANT (ADDRESS) Jennings Tinsley, Fredricksblow Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Tinsley Cem. DATE Feb 19 1935

19. UNDERTAKER (ADDRESS) Ed. H. Webb, Fredricksblow Mo.
 20. FILED Feb 19 1935 S. C. S. Gaughan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1935, to Feb 18, 1935
 I last saw him alive on Feb 18, 1935. Death is said to have occurred on the date stated above, at 1 A. m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset Feb 16
10 M

Other contributory causes of importance: _____
 Name of operation _____ 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 _____, 1935
 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 _____

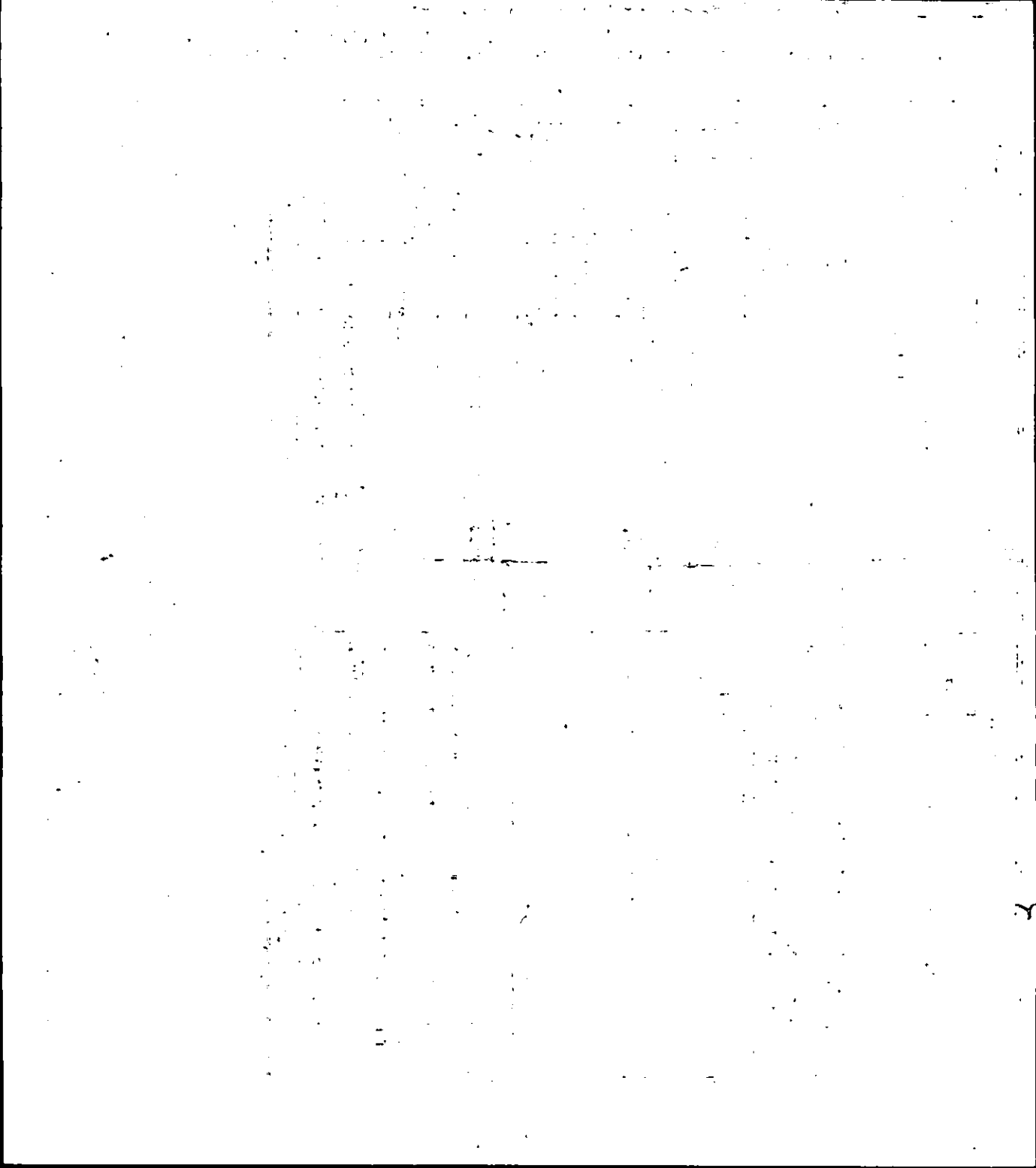
24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W E Bensen M. D.
 (Address) Fredricksblow Mo.

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.

62

Ray A. Schuman



MAY 23 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County MadisonRegistration District No. 538

Township

Primary Registration District No. 5723

City

(No. Emma Lou Jersey)

File No.

Registered No. 13

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 12

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED May 21 1935 S. C. Claughton RegistrarRay C. A. Schwane

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1935

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

I last saw him alive on, 19.... Death is said

to have occurred on the date stated above, at m.

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

Practical Date of onsetPractical

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

APR 26 1936

S-6035