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

Do not use this space.

359

File No.

Registered No. 1

1. PLACE OF DEATH 932 Good Hope
County Cape Girardeau Registration District No. 125
Township Cape Primary Registration District No. 3009
City Cape Girardeau (No. 932 Good Hope St. Ward)

2. FULL NAME John W. Tinkey

(a) Residence, No. 932 Good Hope St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16 1 8

JAN 19 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 - 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	1	26	

OCCUPATION

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

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) 1927

11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hicks Landing Mo

FATHER
13. NAME John Tinkey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 31

MOTHER
15. MAIDEN NAME Grannis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Ellis Tinkey

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson DATE Jan 3 - 32 19

19. UNDERTAKER (ADDRESS) McCombs & Lee Jackson Mo.

20. FILED 1/1 1932 OC Kaemper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to Jan 1 - 1932
I last saw h.i.m alive on Jan 1 - 1932. Death is said to have occurred on the date stated above, at 10a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
59 Diabetes	1 yr ago

59

Other contributory causes of importance: none

0

Name of operation none Date of
What test confirmed diagnosis? Urinalysis 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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. E. Dalton, M. D.
(Address) Cape Girardeau Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD