

NOV 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Madison  
Township H. Michael  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 538  
Primary Registration District No. 3723

File No. 38180  
Registered No. 75  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(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 Female 4. COLOR OR RACE White 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) May 15, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 4 5 0

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) Fredericktown, Mo13. NAME Jennings Tinsley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown, Mo15. MAIDEN NAME Fay Kennison16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. of Missouri17. INFORMANT (ADDRESS) Jennings Tinsley  
Fredericktown, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lincoln Cem DATE Oct 17, 193719. UNDERTAKER (ADDRESS) Ed. H. Webb  
Fredericktown, Mo20. FILED Oct. 17, 1937 S. B. Brougher  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 193722. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937 to Oct 15, 1937

I last saw her alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 11:20 A.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Artery Sept 10th.  
100% Obstruction Sept 13  
Developed Embolus  
Sept 26th.

Date of onset \_\_\_\_\_

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 \_\_\_\_\_, 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? no

If so, specify \_\_\_\_\_

(Signed) M. B. Basher, M. D.(Address) Fredericktown

Ray E. D. Schwaner.

Every item of information should be carefully supplied. Accuracy is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

