

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.

MAY 17 1940

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

Do not use this space.

14738

1. PLACE OF DEATH

County Wayland
 Township Liberty
Anderson R.F.D. (No. 2)

Registration District No. 233
 Primary Registration District No. 5-318

File No.
 Registered No. 335- Ward

2. FULL NAME

(a) Residence, No. 00000 St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3 - 1868
 7. AGE YEARS 71 MONTHS 11 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm & wood
 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) Washington Co. 1

FATHER 13. NAME Joseph Tinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho 1

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Gloria Tinson
Bowling 724

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling DATE 3/17/40, 1940

19. UNDERTAKER (ADDRESS) Elbert E Long
Bowling 724

20. FILED May 9 1940 H. F. Erwin M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14-1940

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1939, to 3/14/40, 1940

I last saw him alive on 3-3-40, 1940 Death is said to have occurred on the date stated above, at 8:00 m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

natural causes

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 1940

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?

If so, specify (Signed) H. H. Davis M. D.

(Address) Bowling 724

68-5-04

DEC 17 1951