JUL 26 1928

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.

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

Do not use this space.

21595

1. PLACE OF DEATH
County: Pike
Registration District No. 686
Township: S/ Buffalow
Primary Registration District No. 4410
City: Cuny ville (No. ..... St. ..... Ward)

File No. 6
Registered No.

2. FULL NAME: Sallie Bell Tinker

(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 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. C. Tinker Died

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	66	Dont Know	Dont Know	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Martinsburg Mo

PARENTS
10. NAME OF FATHER: Nick Holt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: T. Ann Hatton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: W. G. Tinker
(Address): St Louis Mo

15. FILED 6-7, 1928. D. Elmore, REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 6 1928

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1928, to June 5 1928 that I last saw him alive on June 5, 1928 and that death occurred, on the date stated above, at 5 P.M. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Pneumonitis
29A
19B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Mitral Endocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Home

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. O. Thatcell, M. D.
6-7, 1928 (Address) Cuny ville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~: Cuny ville Mo Cemetery — DATE OF BURIAL: June 7 1928

20. UNDERTAKER: W. B. Elmore — ADDRESS: Bowling Green