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

Do not use this space.

15599

1. PLACE OF DEATH
County Pike
Township Sawyer
City Bowling Green (No. ..... St. ..... Ward)

Registration District No. 684
Primary Registration District No. 4408

File No. .....
Registered No. 20

2. FULL NAME Ed Toss 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13 - 1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
29	6	6	

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

9. BIRTHPLACE (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm H. Tinsley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bedford Co.
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Jonie Meyers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. W. H. Tinsley
(Address) Bowling Green Mo.

15. FILED 5/10, 1929 Wm F. Summerton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1929, to 4-19, 1929 that I last saw him alive on 4-19, 1929, and that death occurred, on the date stated above, at 1145 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myocarditis
93C
Would judge
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) T. H. Wilcoxen, M. D
, 19 (Address) Bowling Green 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: Bowling Green Cemetery
DATE OF BURIAL: 4-21 1929

20. UNDERTAKER: Mrs. Grace Bankhead
ADDRESS: Bowling Green 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.

AUG 29 1929

1-2-203