MAY 8 1930

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

Do not use this space.

12333

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 339
Township — Primary Registration District No. 2901 — Registered No.
City Springfield (No. 1145 N. Boulevard St. Ward)

2. FULL NAME Joe J. Tindle
(a) Residence. No. 1145 N. Boulevard 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: Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josie Tindle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1-1860

7. AGE: Years 69 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Mo.

PARENTS
10. NAME OF FATHER Wm. Tindle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT W. C. Tindle
(Address) Springfield Mo

15. FILED 4/26, 1930 Ron Sharp REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-26-1930

17. I HEREBY CERTIFY, That I attended deceased from 3-5-, 1930, to 4-26, 1930 that I last saw him alive on 4-10, 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Ulcerative Colitis
137
120B
162 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Hypertrophic prostate
Senility (duration) 2 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) C. E. Feller, M. D
4-26, 1930 (Address) Springfield 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: Brick Church Cemetery — DATE OF BURIAL: April 27 1930

20. UNDERTAKER: J. W. Klingner & Co. 424 E. Commercial St. Springfield, Mo. — ADDRESS

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.

Feller