

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

5287

1. PLACE OF DEATH
 County Henry Registration District No. 347 File No. _____
 42 Township White Oak Primary Registration District No. 5495 Registered No. 14
 7 City Urich (No. _____) St. _____ Ward _____

2. FULL NAME Jessie Belle Tinsley

3 (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 56 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>P. H. Tinsley</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 3rd / 1874</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>1</u>	<u>29</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work. <u>Domestic 235</u>				
(b) General nature of industry, business, or establishment in which employed (or employer). <u>Gen. Home-Keeping</u>				
(c) Name of employer <u>herself</u>				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. Mo</u>				
PARENTS	10. NAME OF FATHER <u>Luther S. Stewart</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
	12. MAIDEN NAME OF MOTHER <u>Jessie Elliott</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 17 1930 to Feb 2 1931 that I last saw her alive on Feb 2 1931, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auto-Intoxication
1014
69B (duration) _____ yrs. 3 mos. 24 ds.

CONTRIBUTORY Bronchial Pneumonia (SECONDARY) (duration) _____ yrs. _____ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical, & Laboratory
 (Signed) J. F. McDonald, M. D.
 , 19 Urich 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 <u>Urich Cemetery</u>	DATE OF BURIAL <u>2-4</u> 19 <u>31</u>
20. UNDERTAKER <u>J. P. Smith</u>	ADDRESS <u>Urich Mo</u>

14. INFORMANT Mrs Mattie Tinsley
 (Address) _____

15. FILED 2/6 1931 Ed C. Paclor
 REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD SIGN. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

