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

Do not use this space.

14897

1. PLACE OF DEATH
County Madison
Township St. Michael
City ..... (No. ..... St. ..... Ward)
Registration District No. 538
Primary Registration District No. 6723
File No. .....
Registered No. .....

2. FULL NAME Roma 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: F
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: Henry Tinsley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 25 1908

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	—	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 141
(b) General nature of industry, business, or establishment in which employed (or employer): 118
(c) Name of employer: 108

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

PARENTS
10. NAME OF FATHER: Columbus Berry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Madison Co. Mo
12. MAIDEN NAME OF MOTHER: Annie Head
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Henry Tinsley
(Address) Fredericktown, Mo.

15. FILED: Apr 30 1931 C. Wauer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1931, to Apr 19, 1931 that I last saw her alive on Apr 19, 1931, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor pneumonia following Influenza
..... (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Miscarriage
..... (duration) ..... yrs. ..... mos. 1 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) W Harry Barron, M. D
Apr 19, 1931 (Address) Fredericktown 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: Tinsley Cemetery Madison Co.
DATE OF BURIAL: April 20 1931
20. UNDERTAKER: None
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.

MAY 27 1931