

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

Do not use this space.

20720

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 5731

File No. _____
Registered No. 119
St. _____ Ward)

2. FULL NAME Sarah Mae Tinsley

(a) Residence, No. 4 miles NW of Broseley 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 <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>Thomas Tinsley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 10- 1886</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>7</u>
		<u>28</u>
	If LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 235</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Arkansas
(STATE OR COUNTRY)

FATHER 13. NAME Jim Mayberry

FATHER 14. BIRTHPLACE (CITY OR TOWN) Arkansas
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Tom Tinsley
(ADDRESS) Broseley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff DATE 6-10 1931

19. UNDERTAKER Greer Undertaking Co.,
(ADDRESS) Poplar Bluff, Missouri

20. FILED June 10 1931 By Clare Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8- 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-7-31, 1931, to 6-8-31, 1931.
I last saw her alive on 6-8-31, 1931. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Puerperal septicemia Date of onset _____
145A 145
Other contributory causes of importance? None

23. If death was due to external causes (violence), fill in also the following:
Name of operation: POSTERIOR - OPENED AND DRAINAGE THROUGH VAGINA Date of 6-8-31
What test confirmed diagnosis? PHY. EXAM. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. W. McPheters By Rich. M. McCown, M. D.
(Address) Poplar Bluff, Mo.

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.

JUL 22 1931

