

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

Do not use this space.

28343

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo.

Registration District No. 1002
Primary Registration District No. 1002
No. 816 East 31st St.

File No. _____
Registered No. 3771
St. 3771 Ward

2. FULL NAME Wm. N. Tincher

(a) Residence No. 816 East 31st Street St. 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Bertha Tincher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 68

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Book Binder
(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) Indiana

PARENTS

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

14. INFORMANT Mrs. Bertha Tincher
(Address) 816 East 31st Street

15. FILED 8/14/31 M. M. Crowe
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 14, 1931

17. I HEREBY CERTIFY That I attended deceased from 8/14/31 to 8/14/31 1931 that I last saw him alive on 8/14/31, 1931, and that death occurred, on the date stated above, at 8:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage (apoplexy)
930
820

CONTRIBUTORY (SECONDARY) Chronic Hypertension
(duration) yrs. mos. da. 8

18. WHERE WAS DISEASE CONTRACTED at place of death
(If NOT AT PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. H. ... M. D.
8/14/31 (Address) 700 K. ... Bldg

*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 Mt Moriah Cemetery DATE OF BURIAL 8-15-31 19

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS K. C. 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.

RECORD

Raat, 1909