

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

Do not use this space.
37257

1. PLACE OF DEATH

County Dallas
Township W. Benton
City Buffalo (No.)

Registration District No. 241
Primary Registration District No. 4147

File No.
Registered No. 604 Ward

2. FULL NAME

(a) Residence, No.
(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.

Anna E. Tingley

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>Monna Tingley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-14-1863</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas Co Mo</u>		
13. NAME <u>W. Leclie</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill Penna</u>		
15. MAIDEN NAME <u>Emeline Montgomery</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas Co Mo</u>		
17. INFORMANT <u>Monna Tingley</u> (ADDRESS) <u>Buffalo Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hindley Cemetery</u> DATE <u>Nov-16-31</u>		
19. UNDERTAKER <u>L. B. Jones</u> (ADDRESS) <u>Buffalo Mo</u>		
20. FILED <u>5</u> , 19 <u>31</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-15-1931

I HEREBY CERTIFY, That I attended deceased from Oct-29-1931 to Nov-15-1931.
I last saw her alive on Nov-14-1931. Death is said to have occurred on the date stated above, at 530 m.

The principal cause of death and related causes of importance were as follows:

Paralysis of face
82 1/2
Other contributory causes of importance:
Drapsy, of the bowels

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) O. P. Johnson, M. D.
(Address) Buffalo Mo

Registrar.

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.

DEC 21 1931

