

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

Do not use this space.

File No. **23698**
Registered No. **29**
St. _____ Ward _____

1. PLACE OF DEATH
 8 2 County **Pike** Registration District No. **682**
 1 Township **Waverly** Primary Registration District No. **4408**
 2 City **Bowling Green** (No. _____) St. _____ Ward _____

2. FULL NAME **D. A. S. 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 **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alma Harrison Tinsley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 21 - 1893**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	8	x	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **11A**

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **10**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pike Co Mo**

FATHER

13. NAME **James R. Tinsley**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia 2**

MOTHER

15. MAIDEN NAME **Mary R. Taylor**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

17. INFORMANT **David Tinsley**
(ADDRESS) **Extreme W. Co.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Antioch Cemetery** DATE **7-23-1932**

19. UNDERTAKER **Erage B. Boushhead**
(ADDRESS) **Bowling Green Mo**

20. FILED **8/10** 19**32** **W. H. Harrison, Reg.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 2, 1932**

22. I HEREBY CERTIFY, That I am a physician, and that the deceased died from **depression from**
 I last saw him **alive on July 1st, 1932**
 to have occurred on the date stated above, at **7:30**, m. The principal cause of death and related causes of importance follows:
any other cause
of onset
of death

Other contributory causes of importance: **1**

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) **D. A. S. Tinsley, M. D.**
 (Address) **Bowling Green Mo**

WRITE PLAINLY WITH FADING 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.

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