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

Do not use this space.

42862

File No. 39

Registered No.

1. PLACE OF DEATH
County: Shelby
Township: Shelbyville
City: Shelbyville (No. , Hospital St. Ward)
Registration District No. 830
Primary Registration District No. 609

2. FULL NAME: Ellen Maurine Tinney

(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.

102

JAN 5 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Charlie Tinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 19 - 1900

7. AGE: Years 31 Months 11 Days 14 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Missouri

FATHER
13. NAME: J. W. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Missouri

MOTHER
15. MAIDEN NAME: Norma Gum Olmsted
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Missouri

17. INFORMANT (ADDRESS): Mrs Nora Smith Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Catholic Cem Shelbyville DATE: Dec 5th 1932

19. UNDERTAKER (ADDRESS): Grover J. Gevaun Hakenwerdmo

20. FILED: 12-10 1932 Madge Crook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1932, to Dec 3 1932
I last saw he alive on Dec 2 1932 Death is said to have occurred on the date stated above, at 6 10 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis and
Nephritis
1374
938

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) J. A. Bromach, M. D.
(Address) Shelbina, 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.

WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD