

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1048**
(No. **1048**, **22. Vandeventer** St. Ward)

File No. **3453**
Registered No. **352**

2. FULL NAME

Henry C. Tinsley
(a) Residence, No. **1048 N. Vandeventer** St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>None</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>7-4-1871</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>61</i>	<i>—</i>	<i>5</i>	<i>5</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Medical Physician</i>			
	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			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>London Ky</i>			
	13. NAME <i>Treston Tinsley</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>London Ky</i>			
	15. MAIDEN NAME <i>Caroline Sewer</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Feim.</i>			
FATHER	17. INFORMANT <i>Rossie Joyce</i> (ADDRESS) <i>Sparta, Ill</i>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>Jan 11, 1933</i>			
19. UNDERTAKER <i>American Funeral Home</i> (ADDRESS) <i>34th St. Pitts</i>				
20. FILED <i>JAN 11 1933</i> <i>May C. Stankley</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 9 - 1933*

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

I last saw h. alive on 19... m. The principal cause of death and related causes of importance were as follows:

Cyanide Poisoning

Other contributory causes of importance: Suicide

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*

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..... *suicide*

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) *J.W. Lesner* M.D.

(Address) *Digs Corner*

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.

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1 found dead Jan 9 - 1933
I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at 9:12 a.m.
The principal cause of death and related causes of importance were as follows: Cyanide Poisoning
Other contributory causes of importance: Suicide
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes
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..... suicide
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) J.W. Lesner M.D.
(Address) Digs Corner

