

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.

OCT 17 1934

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

✓ Do not use this space.

1. PLACE OF DEATH

County Greene
Township Greenville
City Greenville (No.)

Registration District No. 660
Primary Registration District No. 4396

File No. 33655
Registered No. 50
St. Ward

2. FULL NAME

(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Mosey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
26 6 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Mo.

13. NAME George T. Tinsbrake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo.

15. MAIDEN NAME Emma Tinsbrake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co., Mo.

17. INFORMANT (ADDRESS) Miss Irene Tinsbrake
Greenville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Int. Hope DATE Sept 6- 1934

19. UNDERTAKER (ADDRESS) Rey Undertaking Co.
Greenville, Mo.

20. FILED Sept 6, 1934 Edw. Brown
Registrar.

12 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1934, to Sept 4, 1934.
I last saw him alive on Sept 4, 1934. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Inter pneumonia
108
134
Other contributory causes of importance: pneumococcus meningitis 19-2-31
Date of onset 8-27-34

Name of operation Date of
What test confirmed diagnosis? Cult. 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) Jean J. Breckel, M. D.
(Address) Greenville, Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Perry
Township Perryville
City Perryville (No. _____)

Registration District No. 660
Primary Registration District No. 4396

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-19-1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
26 6 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 19____ (Ed L. Brewer) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-4-1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

lobar pneumonia
intercurrent meningitis
patient took pneumonia
and ended with a
meningitis due to pneumonia
Other contributory causes of importance:
lobar pneumonia (over)

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) James J. Reddell M. D.

(Address) Perryville, Mo

JAN 31 1935

It was neither epidemic or
tubercular meningitis, but
it was pneumococcus meningitis -

S-33655