FEB 27 1936

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

Do not use this space.

986

1. PLACE OF DEATH

County Greene — Registration District No. 325

Township Cass — Primary Registration District No. 8467

City Cave Springs (No. ..., ... St. ... Ward)

File No. ...

Registered No. ...

2. FULL NAME James H. Tinsley

(a) Residence, No. R. F. D. Willard, Mo St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Angie Tinsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
77	7	01	

OCCUPATION

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

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) 1935 — 11. Total time (years) spent in this occupation 50

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

FATHER

13. NAME Robert Tinsley

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

MOTHER

15. MAIDEN NAME Angie Berry

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

17. INFORMANT Mrs Angie Tinsley
(ADDRESS) R. F. D. 1, Willard, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ 1936
PLACE Murrays Cemetery DATE January 19

19. UNDERTAKER Greenwade Undertaking Co
(ADDRESS) Willard, Missouri

20. FILED 1-19, 1936 L. E. McClelland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1936 to January 17, 1936

I last saw him alive on January 17, 1936 Death is said to have occurred on the date stated above, at 9.45 P.M.

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

	Date of onset
Influenza and Lobar Pneumonia	

Other contributory causes of importance

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) W. H. Fullenight, M. D.

(Address) Springfield Mo

N. B.—Every item of information should be carefully supplied. Also should be stated DATES OF ONSET and DURATION of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.