

MAY 7 1937

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

Do not use this space.

14470

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 5176 Maple Ave)

File No. _____
Registered No. 3966
St. _____ Ward _____

2. FULL NAME

Mary Francis Tinsley
(a) Residence, No. 5176 Maple Ave., St. 5 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XXXXXXXXXXXXXXXXXXXX</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 28, 1858.</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>2</u>	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION <u>Housekeeper</u>	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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from APRIL 1, 1937 to APRIL 13, 1937
I last saw h. her alive on 4-12-37, 1937. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

CHRONIC
CORONARY ARTERIOSCLEROSIS
Other contributory causes of importance:
Arteriosclerosis
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) Francis J. Madley M. D.
(Address) 4114 W. Delmar

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bryantsville, Indiana</u>
	13. NAME <u>Ransom Tinsley,</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Indiana</u>
	15. MAIDEN NAME <u>Jane Cox,</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Indiana</u>
	17. INFORMANT <u>Paula A. Tinsley</u> (ADDRESS) <u>5176 Maple Ave</u>
18. BURIAL PLACE <u>Memorial Park</u> DATE <u>April 15, 1937</u>	
19. UNDERTAKER <u>Truth Center Mortuary</u> (ADDRESS) <u>4030 Lindell Blvd.</u>	
20. <u>APR 14 1937</u> Registrar <u>J. Bredeck</u>	

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.

50M-10-22-38
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