MAY 28 1937

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

Do not use this space.

File No. 17010

Registered No.

Registration District No. 575

Primary Registration District No. 4339

1. PLACE OF DEATH
County Moniteau
Township Allensville
City Tipton (No. , St. Ward)

2. FULL NAME Frank Tonsil

(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Darle Tonsil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: Years Estimated 90; Months -; Days -; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Moniteau County Missouri

FATHER
13. NAME John Tonsil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lucy Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Taylor Redmon
(ADDRESS) Tipton, Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Moreau DATE April, 25, 1937

19. UNDERTAKER Jewell E. Richards
(ADDRESS) Tipton Mo.

20. FILED 4-23-37 Mrs. Sarah Fry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-18-, 1937, to 4-22, 1937
I last saw him alive on 4-22-37, 1937. 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:

Myocardial degeneration
Arteriosclerosis

Date of onset

Other contributory causes of importance:

A3C

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? No
If so, specify
(Signed) J. B. Norman, M. D.
(Address) Tipton, 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 UNFADING INK—THIS IS A PERMANENT RECORD

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