

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Knipbert

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH
 12 County Butler Registration District No. 89 File No. 19584
 Township Poplar Bluff Primary Registration District No. 5131 Registered No. 130
 City Poplar Bluff, Mo. (No. 3 mi. North of Poplar Bluff, Mo. St. 2 Ward 1)

2. FULL NAME Sarah M. Tinsley
 (a) Residence, No. 3 mi. N. of Poplar Bluff, Mo. Ward 1
 (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Tinsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. Home
 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) Bridgetown Ill.

FATHER
 13. NAME Jacob Griffin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Tenn.

15. MAIDEN NAME Bennett

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

17. INFORMANT (ADDRESS) Mrs. Pearce Butler Co. Missouri

18. BURIAL, CREMATION, OR REBURY PLACE City cemetery DATE May 9, 1937

19. UNDERTAKER (ADDRESS) Greer Funeral Service Poplar Bluff, Mo.

20. FILED 59 37 Knipbert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to May 8, 1937
 I last saw her alive on May 8, 1937. Death is said to have occurred on the date stated above, at 5:25 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset April 1937
Chronic Nephritis 1936
 Other contributory causes of importance: Arteriosclerosis Hypertension 131

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..... no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify yes
 (Signed) J. H. Knipbert, M. D.
 (Address) Poplar Bluff Mo

