

NOV 16 1937

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

Do not use this space.

37462

1. PLACE OF DEATH

County ClintonRegistration District No. 207

Township

Primary Registration District No. H. 125City Plattsburg, Mo. (No. _____)File No. 35-Registered No. 9

St. _____ Ward _____

2. FULL NAME Frank Tinsley

(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 M4. COLOR OR RACE Col5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1895

7. AGE

YEARS 42MONTHS 2DAYS 26

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

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) Clay County Mo.

FATHER

13. NAME John Tinsley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Mo.

MOTHER

15. MAIDEN NAME Lige Liggan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Mo.17. INFORMANT (ADDRESS) Hattie O'Brien Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Second Creek DATE Aug 10 193719. UNDERTAKER (ADDRESS) O'Brien - Lyon Plattsburg Mo.20. FILED 819 1937 C. W. Orantain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 8 193722. I HEREBY CERTIFY, That I attended deceased from Aug - 2 1937, to Aug - 9 1937I last saw him alive on Aug 2, 1937. Death is said to have occurred on the date stated above, at 2:30 p. m.

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

Tuberculosis of Lungs Date of onset unknown

Other contributory causes of importance:

Possibly nephritis

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) P. M. Steckman, M. D.(Address) Plattsburg 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.

ADDITIONAL

ADDITIONAL

ADDITIONAL

ADDITIONAL

ADDITIONAL

ADDITIONAL

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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37462
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 209
(b) Township _____ Primary Registration District No. 4125 Registered No. 25
(c) City Plattsburg Mo (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Linsley

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1897

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 2 26

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation _____

Date of onset _____

Other contributory causes of importance: _____

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

Name of operation _____ Date of _____

FATHER 13. NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

MOTHER 15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____, 19____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED July 1908 Emmie Chastan Local Registrar

If so, specify _____ (Signed) P. M. Steekman, M. D.

(Address) Plattsburg Mo

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

REGISTRARS SHALL NOT RECEIVE A COPY FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

