

RECD OCT 18 1938

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

31587  
Do not use this space.

1. PLACE OF DEATH  
Audrain

(a) County Audrain Registration District No. 26  
(b) Township Primary Registration District No. 3002 Registered No. 129  
(c) City Mexico Mo (d) Street No. Audrain Co Hospital 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 Allie Tinsley  
(a) Residence, No. Montgomery City Mo St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/25/38, 19

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1938, to Sept 26, 1938. I last saw her alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at 10:20 PM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 th 1869

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 II

Other contributory causes of importance:  
Arterio S.C. pulmonary  
Myocarditis Chronic  
Hypertension  
Date of onset  
23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Near Bellflower Mo 0

FATHER 13. NAME Robert L. Spears

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 0

MOTHER 15. MAIDEN NAME Mary M. Lewis

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo

17. INFORMANT (ADDRESS) E.B. Spears Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 9/26/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. V. Hopkins Montgomery City Mo

20. FILED Sept 25 1938 Blanche Reely Local Registrar

Name of operation None Date of  
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
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) Frank J. Galley, M. D. (Address) Meredos, Mo.

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

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RECEIVED  
District Health Officer No. 40  
District File Number 10-38-234  
Date Filed 10-8-38

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_ on the  
24 th day of Sept 1938 \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_  
*Cusaphis*

Licensed Embalmer No. 1487

P. O. Address Montgomery City No. \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.