

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Dawson
City Dawson (No.)

Registration District No. 684
Primary Registration District No. 4408

File No. 44139
Registered No. 35
St. Ward)

2. FULL NAME

(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.

Ida M. Tinsley

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Perry Tinsley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May - 7 - 1864</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) Dec. 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2nd 1937, to Dec. 17th 1938.
I last saw her alive on Dec. 17th 1938. Death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed Microscopic findings Was there an autopsy? Yes

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 James B. Rogers (Signed) M. D.
Dawson Green, Mo. (Address)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

FATHER

13. NAME Joseph Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER

15. MAIDEN NAME Rebecca Templeton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Mrs. Mary Blondest
(ADDRESS) Dawson Green, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Dawson Green, Mo. Date 12-19-38

19. UNDERTAKER (ADDRESS) Grace Blondest
Dawson Green, Mo.

20. FILED 1-39 1939 James B. Rogers Registrar

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-952

Date Filed 5/10/39