

REC'D MAY 10 1939

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

13882

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Jackson Registration District No. 399  
(b) Township New Primary Registration District No. 1003  
(c) City Danvers City (d) Street No. Sheately Prop. Hospital Registered No. 1636  
(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

- (a) Residence, No. 524 Alphen Tinsley  
1331 Kensington 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

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>col</u>	5. <del>SINGLE, MARRIED, WIDOWED, OR DIVORCED</del> (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Tinsley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26, 1901</u>		
7. AGE YEARS <u>37</u>	MONTHS <u>6</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dalton Mo.</u>		
13. NAME <u>Richard Trent</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Marie Franklin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Wm Tinsley</u> <u>1331 Kensington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dalton Mo</u> DATE <u>4/19</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Watkins Bros</u> <u>1729 Lydia</u>		
20. FILED <u>Apr 18</u> 19 <u>39</u> <u>M. M. Crowe</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1939 to April 14, 1939  
I last saw him alive on April 10, 1939 Death is said to have occurred on the date stated above, at 2:30 a. m.  
The principal cause of death and related causes of importance were as follows:  
Eclampsia  
Date of onset 14/6

Other contributory causes of importance:  
8 mos Pregnancy

Name of operation Cesarean Date of 4/17/39  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) L. V. Miller, M. D.  
(Address) 1503 Paseo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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**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, .....

*T. B. Watkins*

....., or by .....

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

Signed.....

*T. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

**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.**