S. No. 2
M—5-43
5-17-39
X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 952

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Iron

(b) City or town: Ironton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 15 days (Specify whether years, months or days)

In this community: 74 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Madison

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: 2½ mi. E. of Fredericktown (If rural, give location)

(e) Citizen of foreign country? -No- (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Andrew Marion Tinnin

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: September (Month) 4 (Day) 1873 (Year)

8. AGE: Years 74 Months 4 Days 2 If less than one day hr. min.

9. Birthplace: Madison Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

MOTHER FATHER

12. Name: Charles King Tinnin

13. Birthplace: (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Sherry Ann Tesreau

15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Gilbert Tinnin

(b) Address: Fredericktown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-8-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Rhodes Chapel Cemetery

18. (a) Signature of funeral director: Webb-Adamson

(b) Address: Fredericktown, Mo.

19. (a) 1-20-48 (Date received by local registrar) (b) Iris Jones (Registrar's signature) 12 R

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-23 1947 to 1-6-48 1948; that I last saw him alive on 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute bilateral bronchial pneumonia	1 day
Due to fractured right hip	2 wks
Due to hypertrophied prostate	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 1/10 1/8 Of autopsy: 1/8

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident 62

(b) Date of occurrence: 12-23-47

(c) Where did injury occur? Fredericktown, Madison, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury: fall

23. Signature: R. E. Farland (M. D. or other) M.D.

Address: Ironton, Mo Date signed 1-9-48

(Licensed Embalmer's Statement on Reverse Side)

VED

Health Officer No. 4

File Number 148-106

Filed 1-26-48

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, or by Edward G. Lehrmann, Jr., Registered Apprentice No. 81, working under my personal supervision.

Signed L. Valjean Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, Mo.

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, fact should be so stated above.