

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

Do not use this space. ①

40743-~~1~~
~~70743-1~~

1. PLACE OF DEATH

County Henry Registration District No. 357
 Township Fairbury Primary Registration District No. 4205
 City Deepwater, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME Thomas Dinsell

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>11</u>
		DAYS
		<u>20</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lumber at sawmill</u>	
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) 12-2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931, to Dec 2, 1931

I last saw him alive on Dec 1, 1931. Death is said to have occurred on the date stated above, at 4 A. m.

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

11B
162
11B
Other contributory causes of importance: Senility

Date of onset _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>New Town Missouri</u>
	13. NAME	<u>William Dinsell</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Tennessee</u>
	15. MAIDEN NAME	<u>Susian Williams</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Missouri</u>
	17. INFORMANT (ADDRESS)	<u>Wm Thomas Dinsell Deepwater, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>K of P Cemetery</u> DATE <u>12-4-31</u>
	19. UNDERTAKER (ADDRESS)	<u>Wm Thomas Dinsell Deepwater, Mo</u>
	20. FILED	<u>12-10</u> , 19 <u>31</u> <u>J. J. [Signature]</u> Registrar

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?
 If so, specify _____
 (Signed) J. J. [Signature], M. D.
 (Address) Deepwater

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.

1931-4-12

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