

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

Do not use this space.

82177

1. PLACE OF DEATH

55 County Lawrence Registration District No. 471
 5 Township Pierce Primary Registration District No. 4284
 6 City Pierce City (No., St. Ward)

2. FULL NAME William Johnson Tinker

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Tinker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14 1872</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>1</u>	DAYS <u>5</u> If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Dentist</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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

FATHER 13. NAME William H. Tinker

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

MOTHER 15. MAIDEN NAME Rebecca Johnson

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs Grace Tinker (ADDRESS) Pierce city Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE Jan. 23. 19 33

19. UNDERTAKER Wm. Wessell Jr. (ADDRESS) Pierce City Mo.

20. FILED 1/20 1933 H. Ross Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1933

22. I HEREBY CERTIFY that I attended deceased from Jan. 15 1933, to Jan. 19 1933.
 I last saw him alive on Jan. 15 1933. Death is said to have occurred on the date stated above, at 10:37 P.M.
 The principal cause of death and related causes of importance were as follows:
I. influenza
II. Bronchitis Pneumonia
 Date of onset Jan. 18

Other contributory causes of importance: II. Bronchitis Pneumonia

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? None
 If so, specify:

(Signed) E. B. Wright M. D.
 (Address) Pierce City Mo.

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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