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.

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

31272
Do not use this space.

1. PLACE OF DEATH REC'D OCT 15 1938
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 3569
(d) Street No. Research Hospital St.
(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. 6 weeks ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Bertha May Tinsley
(a) Residence, No. Sheridan Lake, Colo. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel J. Tinsley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9 1878
7. AGE Years 59 Months 9 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Missouri 0

FATHER
13. NAME Louis Delmont 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 1

MOTHER
15. MAIDEN NAME Sarah J. Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs. E. E. Caster 26 W. 73 Ter. K.C. Mo.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Lamar Colo. DATE Sept. 12, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary 104 W. 42 St.
20. FILED Sept 11, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Sept 11, 1938
I last saw her alive on Sept 10, 1938. Death is said to have occurred on the date stated above, at 29 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Peritonitis	

Other contributory causes of importance:
Right Nephrectomy (Calculus Pyonephrosis)
Post operative Fecal Fistula (Duodenal)

Name of operation Right Nephrectomy Date Aug 20-38
What test confirmed diagnosis? Laboratory 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
(Signed) [signature], M. D.
(Address) 1019 Pasy. Bldg.

Licensed Embalmer's Statement on Reverse Side)

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, Elmer C Widelin, or by

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

Signed Elmer C. Widelin

Licensed Embalmer No. 3495

P. O. Address Kansas City

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.