

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11015

1 PLACE OF DEATH

County Muhlenberg

Vol. Pat.

Inc. Town.

City (No. St. Ward) (If death occurred in a hospital or institution give its name, location, street and number.)

Registration District No. 870

File No.

Primary Registration Dist. No. 7124

Registered No. 251

3 FULL NAME William Layton Tinsley

PERSONAL AND STATISTICAL PARTICULARS

2 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH May 23, 1875
(Month) (Day) (Year)

7 AGE 36 yrs. 10 mo. 15 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ohio Co

PARENTS
10 NAME OF FATHER William Tinsley
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg
12 MAIDEN NAME OF MOTHER Chryse Case
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alex Tinsley
(Address) Central City

15 Filed Apr 30, 1912 at A. L. Blanton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 8, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 4, 1912, to Apr 8, 1912, that I last saw him ~~live~~ alive on Apr 8, 1912, and that death occurred, on the date stated above, at 2 P.M.
The CAUSE OF DEATH* was as follows:

Tuberculosis
several years
Contributory

(Signed) W. R. McDowell, M. D.
Apr 30, 1912 (Address) Central City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE, and (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.
(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL Mount Zion DATE OF BURIAL Apr 10, 1912

20 UNDERTAKER Martin Moore ADDRESS Central City

THESE PLACES WHERE DEATHS ARE REPORTED TO THE REGISTRAR SHOULD BE CAREFULLY CHECKED. ALL DEATHS SHOULD BE CHECKED CAREFULLY. PARTICULARS SHOULD BE CHECKED IN EVERY CASE OF DEATH TO WHICH THIS FORM IS APPLIED. THIS STATEMENT OF DEATH SHOULD BE REPORTED TO THE REGISTRAR. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.