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

Do not use this space.

18624

File No. .....

Registered No. 13

1. PLACE OF DEATH
County Barry
Township Purdy
City Purdy (No. ..... St. ..... Ward)
Registration District No. 31
Primary Registration District No. 4022

2. FULL NAME Lillie L. Dinkins

(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.

JUL 21 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: Harry Dinkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 2. 1878

7. AGE: YEARS 54 | MONTHS 5. | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 135
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Cassville Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: W. D. Gurley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ark.
12. MAIDEN NAME OF MOTHER: Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ark.

14. INFORMANT: William Dinkens
(Address): Purdy Mo.

15. FILED 7-11, 1932 Hattie Blankenship REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 19 1932

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to June 19, 1932 that I last saw her alive on June 18, 1932 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Insipidus

670

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Ernest Mitchell, M. D.
, 19 (Address) Monett, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Purdy Mo	6-23 1932
20. UNDERTAKER	**ADDRESS**
L. A. Blankenship	Purdy Mo