MAR 25 1930

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

Do not use this space.

4700

File No. 186

Registered No.

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2006
City Springfield (No. Burge Hospital St. Ward)

2. FULL NAME Elizabeth A. Hinkley
(a) Residence. No. 911 W. Florida 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: 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 Harley A. Hinkley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2-1866

7. AGE: Years 63 | Months 4 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Du Quoin (STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER George J Pyratt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER — Wells
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

14. INFORMANT H. G. Hinkley (Address) Springfield Mo.

15. FILED 2-28, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/27 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/24, 1930, to 2-27, 1930 that I last saw her alive on 2-27, 1930, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture Skull (auto wreck - Collision)
Grant and Chase St - Springfield (duration) Mo yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 210M (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1880 201
DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/25/30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Surg
(Signed) S. F. [illegible], M. D
2/28, 1930 (Address) Springfield 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: Green Lawn Cemetery — DATE OF BURIAL: Feb 28 1930

20. UNDERTAKER: J. W. Klingner & Co. 424 E. Coml St — ADDRESS: Springfield 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.