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

Do not use this space.

18624

1. PLACE OF DEATH

County Barry — Registration District No. 31 — File No.

Township Purdy — Primary Registration District No. 4022 — Registered No. 13

City Purdy (No. ..... St. ..... Ward)

5 4 1

2. FULL NAME Lillie L. Dinkins

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Dinkinship

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

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

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) 135
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Corsicana Mo.
(STATE OR COUNTRY) 1

PARENTS

10. NAME OF FATHER W. D. Gurley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark. 2
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark.
(STATE OR COUNTRY)

14. INFORMANT William Dinkens
(Address) Purdy Mo.

15. FILED 7-11, 1932 Mattie 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 Aug. 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

69B

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

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 0

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. H. Blankenship	Purdy Mo