

REC'D MAR 21 1938

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

7544
 Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 345
 (b) Township Big Prairie Primary Registration District No. 5800 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lavinia Reedell Dinkins 52.5
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 9 4

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. Infant

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Sumner County
 (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Shirrell Dinkins

14. BIRTHPLACE (CITY OR TOWN) Henry County
 (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Dovie Lambert

16. BIRTHPLACE (CITY OR TOWN) Sumner County
 (STATE OR COUNTRY) Tennessee

17. INFORMANT Shirrell Dinkins
 (ADDRESS) Matthews, Mo R 1

18. BURIAL, CREMATION OR REMOVAL PLACE Matthews, Mo DATE March 1, 1938

19. FUNERAL DIRECTOR H. J. Welsh
 (ADDRESS) Sikeston, Mo

20. FILED _____ 19 X Local Registrar. 538

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1938, to Feb 28, 1938

I last saw her, alive on Feb 28, 1938. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Left Otitis Media
107 m

Date of onset 2-21-38

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation none Date of 2-28-38

What test confirmed diagnosis? _____ Was there an autopsy? no

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) Merlin G. Anderson, M. D.

(Address) 106 Center St. Sikeston, Mo.

STATEMENT BY LICENSED EMBALMER

I, **Body Not Embalmed**; Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

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

Signed.....

Licensed Embalmer No.....

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

75-44
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 345
 (b) Township Big Prairie Primary Registration District No. 3800 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city, town where death occurred _____ (f) How long in U. S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME Larva Reedell Dinkins
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 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. _____
 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) Sumner Co. Tenn
 13. NAME Shirrell Dinkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newry Tenn
 15. MAIDEN NAME Doris Lambert
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Co. Tenn
 INFORMANT (ADDRESS) Shirrell Dinkins Matthews no R. 1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Matthews no DATE March 1 1938
 FUNERAL DIRECTOR (ADDRESS) N. F. Welch Director
 20. FILED Aug 10 1938 M U Missouri Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 21 to Feb 28, 1938
 last saw him/her alive on Feb 28 1938 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:
Left Otis media Date of onset 1938
 Other contributory causes of importance: Bronchial pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) Merlin G. Anderson, M. D.
 (Address) 106 Central

PHYSICIAN'S SIGNATURE AND TITLE
 This should be stamped in red ink
 Give item of information from this slip

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

(a) County New Madrid Registration District No. 345
(b) Township Big Prairie Primary Registration District No. 5800 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME Lavina Reedel Dimpin

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mf
IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 9 4

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. _____
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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

INFORMANT (ADDRESS)

17. AL. CREMATION, OR REMOVAL

DATE 19__

GENERAL DIRECTOR (ADDRESS)

Local Registrar Aug 9 1938 Medical Deane

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 19__ to 19__
I last saw him alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) Merlin G. Anderson, M. D.
(Address) 106 Central St. Sikeston

SUPPLEMENTARY