

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Salem
City Senath (No. St. Ward)

Registration District No. 290
Primary Registration District No. 548

File No. 30950

Registered No. 47

2. FULL NAME Ruby Lee Bennett

(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 1 yrs. 1 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 Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 1 Not Known

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ----
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Senath, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Will Bennett

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

12. MAIDEN NAME OF MOTHER Ida Johnson

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

14. INFORMANT Father- Will Bennett
(Address) Senath, Mo.

15. FILED 10-1-31 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1931, to Sept. 21 1931 that I last saw h. or alive on Sept. 19 1931, and that death occurred, on the date stated above, at 8:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pertussis

107A (duration) yrs. mos. 28 ds.

CONTRIBUTORY (SECONDARY) Broncho-Pneumonia.

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings.

(Signed) A. Glenn Davis, M. D.

Sept. 21 31 (Address) Senath, 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

Senath, Mo Cemetery Sept. 22 1931

20. UNDERTAKER ADDRESS
Father- Will Bennett Senath, Mo.

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. NOV 24 1931

