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.

JAN 20 1932

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin — Registration District No. 284 — File No. 37301
Township Holcomb — Primary Registration District No. 5404 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ruby Jones
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-10-1930

7. AGE — YEARS: 1 — MONTHS: — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

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) Jonesboro (STATE OR COUNTRY) Ark.

PARENTS
10. NAME OF FATHER Jack Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark
12. MAIDEN NAME OF MOTHER Lilly Benfield
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Springs (STATE OR COUNTRY) Mo

14. INFORMANT Roy Benfield (Address) Holcomb Mo.

15. FILED 11-17, 1931 J. A. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-16 1931

17. I HEREBY CERTIFY, That I attended deceased from 11-8, 1931, to 11-16, 1931 that I last saw her alive on 11-8, 1931, and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diarrhea & Enteritis (under 2 yrs) (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) 119B 119 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED home
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) S. T. Smith, M. D.
11/17, 1931 (Address) Holcomb 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: Loyd Cem — DATE OF BURIAL: 11-17 1931

20. UNDERTAKER: Family — ADDRESS: Holcomb