BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28933

1. PLACE OF DEATH
35 County Dunklin — Registration District No. 290 — File No. 1
Township Salem — Primary Registration District No. 5408 — Registered No. 45-32
City ..... (No. ..... Ward)

2. FULL NAME Ruby Cathryn Brown
(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.

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 Clarence Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	18	0	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Gene Newman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co. Tenn 2
12. MAIDEN NAME OF MOTHER Stella Wofford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Gene Newman
(Address) Senath Mo

15. FILED 10/17 1932 A. Glenn Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6, 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932 to Sept 6, 1932 that I last saw her alive on Sept 6, 1932 and that death occurred, on the date stated above, at 4:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Avenom Poison or Spider Bite on the Jaw
176 (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) 176 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF ..... (1)
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. W. Spider, M. D.
9/6, 1932 (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
McGrew Cemetery	Sept 7 1932

20. UNDERTAKER	ADDRESS
McDaniel Fum. Co	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.