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 22 1933

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

Do not use this space.

38843

File No. 7

Registered No. 40

1. PLACE OF DEATH

19 County Cass — Registration District No. 157

10 Township — Primary Registration District No. 4091

2 City Pleasant Hill (No. —, St. Ward)

2. FULL NAME Ruby Hammontree

(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 Female

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
23	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home 235

10. Date deceased last worked at this occupation (month and year) Dec.

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo !

FATHER

13. NAME Chas Kinedy

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

MOTHER

15. MAIDEN NAME Pearl Nal

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

17. INFORMANT (ADDRESS) Granville Hammontree Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Hill DATE Dec 19 1932

19. UNDERTAKER (ADDRESS) W W Hon Pleasant Hill

20. FILED Oc. 17 1932 J. V. Murray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 — 16 1932

22. I HEREBY CERTIFY, That I attended deceased from 12 - 11, 1932, to 12 - 16, 1932

I last saw her alive on 12 - 15, 1932. Death is said to have occurred on the date stated above, at 5 50 a.m.

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

Influenza

11B 11B (1)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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) C C Conrad, M. D.

(Address) Pleasant Hill Mo