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

Do not use this space.

17589

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Dunklin

Registration District No. 288

Primary Registration District No. 4172

Town: ~~Unincorporated~~

City: Kennett (No. ....., ... St. ..... Ward)

2. FULL NAME: Rute Dillin

(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.

JUN 25 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Jim Dillin

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

7. AGE: About 28 — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: H. B. Simonds
(Address) Kennett, Mo. Sept 7th Farm

15. FILED 5/23 1931 Mhuley Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/22 1931

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to May 5th, 1931, that I last saw h. alive on May 15th, 1931, and that death occurred, on the date stated above, at 3:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis 2 yrs

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 23

(duration) ..... yrs. ..... mos. ..... 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? Microscopic & Clinical

(Signed) Mhuley Davis, M. D

, 19 (Address) Kennett 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: Liberty Cem.

DATE OF BURIAL: 5/23 1931

20. UNDERTAKER: H. B. Simonds. Sept 7. Kennett Mo
County, Mrs. County Office

ADDRESS

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.

WHEN FILLED, WITH STATEMENTS, THIS IS A PERMANENT RECORD