

## 1 PLACE OF DEATH

## ARKANSAS STATE BOARD OF HEALTH

Bureau of Vital Statistics  
CERTIFICATE OF DEATH

1299

County Pulaski Registration District No. 543 File No. 1046  
 Township Big Rock Primary Registration District No. 2313 Registered No. 1046  
 Inc. Town or City Little Rock (No. General Shop St.; Ward)  
 2 FULL NAME Ruby Lee George  
 (a) Residence. No. Little Rock, Route # 2, St. Ward. Ward  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 10 mos. 0 ds. New long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

If death occurred in a hospital or institution, give its NAME instead of street and number.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR or RACE White 5 Single, Married, Widowed, or Divorced (write the word) Baby

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH April 3, 1927  
 Month Day Year

7 AGE 2 Years 4 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)  
 (c) Name of employer

9 BIRTHPLACE (city or town) Memphis (State or country) Tenn.

10 NAME OF FATHER L. D. George

11 BIRTHPLACE OF FATHER (city or town) Miss. (State or country)

12 MAIDEN NAME OF MOTHER Cora Grace

13 BIRTHPLACE OF MOTHER (city or town) Miss. (State or country)

14 Informant L. D. George (Address) Route # 2, L. R.

15 Filed JUL 11 1930 Registrar H. H. [Signature]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 5, 1930  
 Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from July 3 1930 to same day, 1930 that I last saw her alive on 7/3 1930

and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH was as follows:

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. (See reverse side for additional space.)

Cerebral Meningitis

24 (duration) yrs. 4 mos. 0 ds.

CONTRIBUTORY (Secondary) Deaf & Blind (duration) yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Deaf & Blind

Did an operation precede death? No Date of \_\_\_\_\_

What operation performed? No

Was there an autopsy? No

What test confirmed diagnosis? Lab.

(Signed) C. T. [Signature] M. D. 7/11 1930 (Address) 200 [Address]

19. PLACE OF BURIAL, CREMATION, or REMOVAL Edgewood Cem.

20 UNDERTAKER Owens & Co., North Little Rock, Ark.

7/7/30 ADDRESS

Burial or Transit Permit issued by \_\_\_\_\_

Date of Issue \_\_\_\_\_

MARGIN RESERVED FOR BINDING

V. S. No. 4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.