

Registration Dist. No. 9A
 Registrar's No. 52110

CERTIFICATE OF DEATH
 Vital Statistics - State Board of Health

State File No. **57 016601**

Birth No. _____ South Carolina State File No. _____

1. PLACE OF DEATH
 a. COUNTY Charleston
 b. CITY, TOWN, OR LOCATION Charleston

2. U.S. AIR FORCE (where deceased served, if institutional facilities before admission)
 a. STATE Fla. b. COUNTY Pinnellas

3. a. CITY, TOWN, OR LOCATION 3035 Petersburg
 b. LENGTH OF STAY IN IT _____

4. STREET ADDRESS 3035 Petersburg
3025 22nd Street N.

5. NAME OF HOSPITAL OR INSTITUTION Roper Hospital
 (If not in hospital, give street address)

6. IS PLACE OF DEATH INSIDE CITY LIMITS?
 YES NO

7. IS RESIDENCE INSIDE CITY LIMITS?
 YES NO

8. IS RESIDENCE ON A FARM?
 YES NO

3. NAME OF DECEASED (Type or print)
 First Middle Last Ruby Roberts Crenshaw

4. DATE OF DEATH December 30, 1957
 Month Day Year

5. SEX Female

6. COLOR OR RACE white

7. MARRIED NEVER MARRIED
 WIDOWED DIVORCED

8. DATE OF BIRTH 10-5-1895

9. AGE (In years last birthday) 62
 If Under 1 yr: Mo. Days Hours Min.

10a. USUAL OCCUPATION (Name kind of work done during most of working life, even if retired) sestress

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Winfield, Ala.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W. A. Roberts

13b. MOTHER'S MAIDEN NAME Mary Isabella

14. HUSBAND OR WIFE'S NAME Eldredge Bryan Crenshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 265-30-8225

17. INFORMANT Eldredge B. Crenshaw, Jr. (Son)
 Address _____

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Massive RML & RLL pneumonia
 DUE TO (b) _____
 DUE TO (c) _____

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE (GIVEN IN PART I):
30 hours

20. ACCIDENT SUICIDE HOMICIDE 20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Form 10.) _____

21. TIME OF INJURY _____

22. INJURY OCCURRED _____

23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Charleston Charleston S.C.

24. CITY, TOWN, OR LOCATION _____

25. I attended the deceased from Dec. 29-57 to Dec. 30-57 and last saw him alive on Dec. 30-57
 Death occurred at _____

26. SIGNATURE (Doctor or priest) Daniel E. Messinger, M.D.
 27a. ADDRESS Roper Hospital
 27b. DATE SIGNED 12-30-57

28. NAME OF CERTIFIER OR CREMATOR McGrava Funeral Home
 29. LOCATION (City, town, or county) Winfield, Alabama

30. FUNERAL DIRECTOR'S SIGNATURE John Heister
 31. ADDRESS 1501 Park St
 32. CITY, TOWN, OR COUNTY LEON PARKY, M.D.

460821

WE HEREBY CERTIFY THIS IS A TRUE COPY OF THE ORIGINAL CERTIFICATE OF DEATH FILED IN THE OFFICE OF THE STATE REGISTRAR.

JUL 14 1978



Walter Marshall
 COMMISSIONER AND STATE REGISTRAR

Doris M. Byers
 ASSISTANT STATE REGISTRAR