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

Do not use this space.

43330

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 12640

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Lula Lavinia Willingham

(a) Residence. No. 2751 Park ave St., 23 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.

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: Wife of Harvey Willingham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 17. 1877.

7. AGE — YEARS: 51. MONTHS: 10. DAYS: 6. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hair Dresser
(b) General nature of industry, business, or establishment in which employed (or employer): Beauty Parlor
(c) Name of employer: Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: John Goodson.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mary Smith.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Harvey Willingham
(Address) 2751 Park ave.

15. FILED: DEC 26 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-23, 1928, to 12-25, 1928 that I last saw her alive on 12-25, 1928, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Meningitis (Influenzal) Cerebro Spinal
TB not epidemic
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): NA
(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? .....

(Signed) Charles H. Fuder, M. D.

, 19 (Address) Barnes Hospital

*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: St Matthews Cemetery — DATE OF BURIAL: Dec 27, 1928

20. UNDERTAKER: McLoughlin — ADDRESS: 1031 Missouri

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.