

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

Do not use this space.

20508 A

File No. 360
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County New Madrid Registration District No. 604
Township _____ Primary Registration District No. 5802
City _____ No. _____ St. _____ Ward _____

2. FULL NAME Lula Thompson
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-12-1889
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H's wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyersburg Tenn.

13. NAME Unknown

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

15. MAIDEN NAME Lula Williams

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

17. INFORMANT Walter Thompson
(ADDRESS) New Madrid, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Community Cem DATE 6-24th 1933

19. UNDERTAKER Richards and Co.
(ADDRESS) New Madrid

20. FILED 7/11 1933 W. A. O'Garra
V.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24th 1933
22. I HEREBY CERTIFY, That I attended deceased from 6-24 1933, to 6-24 1933
I last saw her alive on 6/24/33, 19... Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Date of onset
2/1
2/4
Other contributory causes of importance:
Syphilis

Name of operation none Date of _____
What test confirmed diagnosis? physician 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?
If so, specify _____
(Signed) McNeal M. D.
(Address) New Madrid, Mo.

Every entry 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. UCI 20 1533

