28026-a

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

Do not use this space.

NOV 2 1928

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH
County New Madrid — Registration District No. 1133 ~~1 24~~ — File No. 28026-a
Township 11 West — Primary Registration District No. ~~5802~~ 4587 — Registered No. 16
City Canalou Mo (No. ..... St. ..... Ward)

2. FULL NAME Lucille 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 Gt.
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ~~Mo~~ Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 13th 1927

7. AGE — YEARS 1 — MONTHS 2 — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Crowder Mo
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Bersee Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Lillian Mohn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Forest City
(STATE OR COUNTRY) Ark.

14. INFORMANT Bersee Thompson
(Address) Canalou Box 53

15. FILED Nov 10, 1928 Llewillyn Daugherty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1928

17. I HEREBY CERTIFY, That I attended deceased from One Time, to ..... 19..., that I last saw b. Never Saw it, and that death occurred, on the date stated above, at Alive m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dont Know
Never Saw

2008 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Dont Know

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2053

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H E Prewell, M. D
, 19 (Address) Canalou 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 Knoxall Cem. — DATE OF BURIAL 8-16 1928

20. UNDERTAKER Richards Und. Co — ADDRESS New Madrid