5 1934

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

Do not use this space.

8408

1. PLACE OF DEATH

32 County DEKALB — Registration District No. 258 — File No.

1 Township — Primary Registration District No. 4157 — Registered No. 3

1 City Clarksdale (No. ..... St. ..... Ward)

2. FULL NAME LULA D. DESHON

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN W. DESHON

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB 28-1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	88	1	2	

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

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

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) X

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT J. W. DESHON
(Address) CLARKSDALE MO

15. FILED 4/1 1934 C M Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAR- 30 1934

17. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1933 to March 3, 1934 that I last saw her alive on March 3, 1934, and that death occurred, on the date stated above, at 10-30-P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95 B

Cardio-Nephritis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 95 B 2

(duration) yrs. 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) G. D. Johnson, M. D.

, 19 (Address) Maysville, 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: EBENEZER BUCHANAN CO MO — DATE OF BURIAL 19

20. UNDERTAKER: C M Davis — ADDRESS Clarksdale Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2 X X