

AUG 19 1937

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

Do not use this space.

26764

1. PLACE OF DEATH

County

Butter

Registration District No.

88

Township

Nelyville

Primary Registration District No.

5130

City

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Lula Oora Lumpkins

St.

Ward.

(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)

widowed

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

Sam P. Lumpkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 11 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67 1/2

11

12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

none

11. Total time (years) spent in this occupation

life

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

unknown Tenn.

13. NAME

John Tate

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

unknown

15. MAIDEN NAME

Unknown

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

17. INFORMANT

(ADDRESS)

Eurett Lumpkins
Nelyville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Redwood Cem Ark DATE July 24 1937

19. UNDERTAKER

(ADDRESS)

Blacks Mortuary
Cassidy Ark

20. FILED

7-22-1937

R. L. Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 23 1937

22. I HEREBY CERTIFY That I attended deceased from

July 12 1937, to July 23 1937

I last saw her alive on July 17 1937. Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

malonia

Date of onset
7/8

1937

Other contributory causes of importance:

chronic bronchitis

②

Name of operation

none

Date of

What test confirmed diagnosis? Was there an autopsy?

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? no

If so, specify

(Signed)

E. Eurett

M. D.

(Address)

Nelyville Mo

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.

