AUG 26 1937

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

Do not use this space.

File No. 27849

Registered No. 35

1. PLACE OF DEATH

County: Monroe

Township:

City: Paris, Missouri (No. , St. or Ward)

Registration District No. 582

Primary Registration District No. 4344

2. FULL NAME: Lula Belle Shropshire

(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 33 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: Amos Shropshire

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

7. AGE: Years: about 58 Months: Days: If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Hannibal Missouri

FATHER

13. NAME: George Lewis

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

MOTHER

15. MAIDEN NAME: Mary Jane Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. St.

17. INFORMANT (ADDRESS): Amos Shropshire, Paris, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Walnut Grove DATE: July 11, 1937

19. UNDERTAKER (ADDRESS): Speed & Blakey, Paris, Missouri

20. FILED JUL 9 1937 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUL 9 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2 1937, to July 9 1937, I last saw her alive on July 9 1937. Death is said to have occurred on the date stated above, at 3:45 A.m.

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

	Date of onset
Dysentery	7/2/37

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? none 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? no

If so, specify:

(Signed) Geo. M. Reynolds, M. D.

(Address) Paris, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.