

STATE OF LOUISIANA  
**CERTIFICATE OF DEATH**

STATE FILE No. **0 517**

REGISTRATION Fee is  
 \$1.00 per copy  
 \$2.00 per copy  
 \$3.00 per copy

**PERSONAL DATA**  
 (Check on point nearest  
 place of death.)

**PLACE OF DEATH**  
 189

**CITY OR TOWN**  
 State Providence

**STREET ADDRESS**  
 331X

**TIME OF DEATH**  
 331X

1a. Last Name of Deceased <b>Thompson</b>		1b. First Name <b>Clay</b>		1c. Second Name		2a. Month Day Year Date of Death: <b>1-25-56</b>		2b. Hour <b>3:30 P.M.</b>	
3. Sex <b>Male</b>		4. Color or Race <b>W</b>		5. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		6. Name of Husband or Wife <b>Mary Thompson</b>		6b. Age <b>56</b>	
7. Date of Birth of Deceased <b>1892</b>		8. Age of Deceased (If under 16 list Years Months Days)		9a. Birthplace (City and State) <b>State Providence La.</b>		9b. Country of Birth <b>U.S.A.</b>			
10a. Usual Occupation (Give kind of work done during part of working life, even if retired) <b>Farming</b>		10b. Kind of Industry or Business		11. Was Deceased ever in U. S. Armed Forces? (If yes, give war or dates of service)		11a. Social Security No.			
12a. Cause of Death <b>Stroke</b>		12b. Parikh <b>E. Carroll 3</b>		12c. Length of Stay in this Place <b>3 days</b>		12d. Is Place of Death inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
13a. City or Town <b>State Providence (Rural)</b>		13b. Parikh <b>E. Carroll 3</b>		13c. Is Residence inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		13d. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
14a. Name of Father <b>George Thompson</b>		14b. Residence of Father (City or town) <b>State Providence</b>		14c. Maiden Name of Mother <b>Mary Lou Black</b>		14d. Date of Marriage <b>1-25-1916</b>			
17. Part I. Death was caused by: Immediately cause (a) <b>Cerebral Hemorrhage</b> Condition, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Hypertension</b> Due to (b) Due to (c)		18. Other Significant conditions contributing to death but not related to the terminal illness condition given in Part I (a)		19. Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		19b. Describe how Injury Occurred. (Under nature of injury in Part I or Part II of item 17.)			
20. Time Of Hour Month, Day, Year Injury a. m. p. m.		20a. Injury Occurred While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		20b. Place of Injury (e. g., in or about house, farm, factory, street, office, etc., etc.)		20c. City, Town, or Location Parish State			
21. I certify that I attended the deceased and that death occurred on the date and hour stated above.		21a. Signature of Physician <b>T.H. Terral, M.D.</b>		21b. Date of Signature <b>1-26-56</b>		21c. Signature and Address of Funeral Director <b>Sept. Cannon Co. 2000 St. Charles St. New Orleans, La.</b>			
22. Date of Burial <b>1-29-56</b>		22a. Name and Location of Cemetery or Crematorium <b>St. Charles Cemetery</b>		22b. Date of Burial <b>1-27-56</b>		22c. Parikh <b>E. Carroll 3</b>			

FEB 5 - 1956