FEB -7 1935

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 548
(1, 2, 3, etc., in the order Certificates are filed.)

Registered No. 487
(To be given in Central Bureau.)

1—PLACE OF DEATH

Parish East Carroll

Ward #3 District No. 18-5172

City

Town Lake Providence, La.

No. St. Ward
(If death occurred in a Hospital or Institution, give its Name instead of Street and Number.)

2—FULL NAME Annie Mae Thompson

(a) Residence. No. Hood Lane St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred. 3 yrs. 6 mos. da. How long in U. S.; of foreign birth? yrs. mos. da.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. COLOR OR RACE: colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE the word): Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/7/1931

7. AGE: Years 3 | Months 6 | Days — | If LESS than 1 day, ...hrs. or....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SAWYER, BOOKKEEPER, etc.

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

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

11. Total time (years spent in this occupation

11a. Veteran past wars (yes or no) (name war)

12. BIRTHPLACE (city or town) Lake Providence,
(State or Parish) La.

FATHER

13. NAME J.H.Thompson

14. BIRTHPLACE (city or town) Concordia Ph.
(State or Parish) La.

MOTHER

15. MAIDEN NAME Cora M.Atlas

16. BIRTHPLACE (city or town) Lake Providence,
(State or Parish) La.

17. INFORMANT J.H.Thompson
(Address) Lake Providence, La.

18. BURIAL, CREMATION, OR REMOVAL
Place Ward #3 Date 1/7/35, 19....

19. UNDERTAKER Majestic Funeral Home
(Address) Lake Providence, La.

20. FILED 1-7, 1935 Mrs H Rush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1934 to Jan 5 1935

I last saw the alive on Jan 5, 1935, death is said to have occurred on the date stated above, at 3 A.m.

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

	Date of onset
Colitis	Acute
120	1934

Contributory causes of importance not related to principal cause:

Name of operation — Date of

What test confirmed diagnosis? Clinical 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, parish, 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) C. V. Cooper M.D.

(Address) Lake Providence, La.

MARGIN RESERVED FOR BINDING.

Form V.S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.