

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

1 PLACE OF DEATH

Parish East Carroll
Police Jury Ward 3rd
Village _____
or _____
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 18-5772
(For deaths outside an incorporated town,
fill in X after this district No.)
MAR 19 1924
Primary Registration District No. _____
(Applies only to an incorporated town.)

File No. 38956
(1, 2, 3, etc., in the order Certificates are filed.)
Registered No. 14840
(To be given in Central Bureau.)

2 FULL NAME Andrew Atlas

(If death occurred in a hospital or institution, give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE col 5 Single Married Widowed or Divorced
(Write White or Col.) (Write the word)

6 DATE OF BIRTH _____ 19____
(Month) (Day) (Year)

7 AGE (If in doubt, write "about" years) 91 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min.

8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (City or Town, State or foreign country) La.

10 NAME OF FATHER King Atlas

11 BIRTHPLACE OF FATHER (City or Town, State or foreign country) La.

12 MAIDEN NAME OF MOTHER Mary Segan

13 BIRTHPLACE OF MOTHER (City or Town, State or foreign country) La.

14 The above is true to the best of my knowledge.
(Informant) Louie Atlas

(Address) Lake Providence La.

15 Filed 12/15 1923 Mo. R. Bee Registrar.
(Date certificate is received.) (This MUST be signed.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec, 14 1923
(Must always be given.) (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

No Doctor
Killed by train
body cut in half
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds. 1923

(Signed) _____, 19____ (Address) _____

(If no Physician, Registrar must write "No Physician.")
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (or Hospitals, Institutions, Transient or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Lake Providence La. DATE OF BURIAL Dec 15 1923

20 UNDERTAKER John Williams, Lake Providence La. ADDRESS _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD.

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.