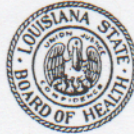


DEATH

Louisiana State Board of Health

Bureau of



Vital Statistics

1—PLACE OF DEATH

Parish East CarrollWard #3City Lake Providence
or
TownDistrict No. 18-5172

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 19

(1, 2, 3, etc., in the order Certificates are filed.)

Registered No. 9425

(To be given in Central Bureau.)

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

2—FULL NAME

Carolina Carson(a) Residence. No. Olivedell Plan.

St. _____

Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred. 80 yrs. mos. ds. How long in U. S.; of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. Single, Married, Widowed, Widow
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of Lewis Carson
(or) WIFE of

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

7. AGE Years Months Days IF LESS than
120 1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SAW-
YER, BOOKKEEPER, etc. not employed9. 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) Baltimore
(State or Parish) Maryland13. NAME Do not know14. BIRTHPLACE (city or town) Do not know
(State or Parish)15. MAIDEN NAME Do not know16 BIRTHPLACE (city or town) Do not know
(State or Parish)17 INFORMANT Chas. E. Russell, Sr.
(Address) Lake Providence, La.

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cem. Date 9-2, 193519 UNDERTAKER Majestic Funeral Home
(Address) Lake Providence, La.20. FILED 9-1, 1935 Mrs. R. Bell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 6, 1935 to Aug. 31, 1935I last saw her alive on Aug. 31, 1935 death is saidto have occurred on the date stated above, at 6:30p m.The principal cause of death and related causes of importance in
order of onset was as follows:Chronic Interstitial nephritis Date of onset 1934Contributory causes of importance not related to
principal cause:SenilityName of operation clinical Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the
following:Accident, suicide or homicide? _____ Date of injury _____ 1935

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 W. H. Hamley M.D.)(Address Lake Providence, La.)New Orleans, La., February 14, 1936

I hereby certify that the above is a true copy of the Death Certificate
of Carolina Carson
on file in this office.

Bureau of Vital Statistics
P. A. B. [Signature]
P. A. B. [Signature], M. D. State Registrar

Filed 2-24-36
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