

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.

Parish East CarrollPolice Jury Ward 3rd

Village

City Lake ProvidenceRegistration District No. 18-5-172Primary Registration District No. JAN 19 1925
(Applies only to an incorporated town.)

No.

(If death occurred in a Hospital or Institution, give its Name instead of Street and Number.)

2—FULL NAME John Atlas

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

How long in U.S.?

Ward.

(If non-resident give city or town and State)
of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Col5 Single, Married, Widowed
or Divorced (write the word)Widowed5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

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

7 AGE

Years

Months

Days

If LESS than

day, hrs.

or min.

90

8 OCCUPATION OF DECEASED

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

(c) Name of Employer

9 BIRTHPLACE (city or town)
(State or country)Ala

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant

(Address)

Tom AtlasLake Providence La

15 Filed

12/231924Mrs. R. P. Bee

Register

Bureau of Vital Statistics
CERTIFICATE OF DEATHFile No. 5-2-3

(Check one in the order Certificates are filed)

Registered No. 15642

(To be given in Central Bureau.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec231924

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

, 19, to

, 19

that I last saw him alive on

, 19

and that death occurred, on the date stated above, at

m.

The CAUSE OF DEATH was as follows:

General Senility
(164)

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed

, 19

State the Disease Causing Death, or in deaths from Violent Causes,
Means and Nature of Injury, and (2) whether Accidental, Suicidal,
Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Lake ProvidenceDec 24 1924

20 UNDERTAKER

John Williams

ADDRESS

Lake Providence