FEB -9 1938

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1—PLACE OF DEATH

Parish East Carroll District No. 18-5172 File No. 31

Ward 4 3 (1, 2, 3, etc., in the order certificates are filed.)

City or Town Lake Providence Registered No. 554 (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 Suzie Atlas

(a) Residence. No. Hoods Lane 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 60 yrs. 10 mos. 2 ds. How long in U. S.; of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married	21. DATE OF DEATH (month, day, and year) Jan 27 1938
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. B. Atlas	22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1937 to Jan 29 1937
6. DATE OF BIRTH (month, day, and year) 3/27/1877	I last saw h er alive on Jan 10 1938 death is said to have occurred on the date stated above, at 3 A.
7. AGE Years 60 Months 10 Days 2 If LESS than 1 day, hrs. or min.	The principal cause of death and related causes of importance in order of onset were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SAWYER, BOOKKEEPER, etc. Farming	Tuberculosis of Kidney & Bladder (30)
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Cotton	
10. Date deceased last worked at this occupation (month and year) Feb. 1937 11. Total time (years) spent in this occupation 40 yr	Contributory causes of importance not related to principal cause:
11a. Veteran past wars (yes or no) (name war)	
12. BIRTHPLACE (city or town) (State or Parish) Shelburn La.	
13. NAME (Father) John Lee	Name of operation Date of
14. BIRTHPLACE (city or town) (State or Parish) Do not know	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Mother) " "	23. If death was due to external causes (violence) fill in also the following:
16. BIRTHPLACE (city or town) (State or Parish) " "	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
17. INFORMANT L. B. Atlas (Address) Route 1 B 164 Lake Providence La	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL Place Lake Providence Date Jan. 31 1938	Nature of injury
19. UNDERTAKER Majestic Funeral Home (Address) Lake Providence La	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED 1-30 1938 Mrs R Reed Registrar.	(Signed) D. T. Hopkins M.D. (Address) Lake Providence La

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.

MARGIN RESERVED FOR BINDING.

Form V. S. No. 1