IMPORTANT! This is a Permanent Record. Use Black Typewriter Ribbon or Black Ink.

BIRTH No. _____

STATE OF LOUISIANA
CERTIFICATE OF DEATH

STATE FILE No. 0 546

PERSONAL DATA OF DECEASED (Type or print names. Do not use numerals for death of death.)

1a. Last Named of Deceased: Russell
1b. First Name: Charles
1c. Second Name: E.
2a. Date Of Death: Month Jan. Day 24 Year 1957
2b. Hour: M.
3. Sex — Male or Female: Male
4. Color or Race: Negro
5. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
6a. Name of Husband or Wife: Nancy Russell
6b. Age: 74
7. Date of Birth of Deceased: Dec. 31 1879
8. Age of Deceased: Years 77 Months Days; If under 24 Hrs. Hours Min.
9a. Birthplace (City and State): Lake Providence, La.
9b. Citizen of what Country: U.S.A.
10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Farming
10b. Kind of Industry or Business: Cotton
11. Was Deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)
11a. Social Security No.

PLACE OF DEATH 189

12a. City, Town, or Location: Lake Providence
12b. Parish: East Carroll
12c. Length of Stay in this Place
12d. Name of Hospital or Institution (If not in hospital or institution give street address or location): Harding Street
12e. Is Place of Death inside City Limits? Yes ☑ No ☐

USUAL RESIDENCE OF DECEASED (Where deceased lived. If institution: Residence before admission)

13a. City or Town: Lake Providence
13b. Parish: East Carroll
13c. State: Louisiana
13d. Street Address (If rural give location)
13e. Is Residence inside City Limits? Yes ☑ No ☐
13f. Is Residence on a Farm? Yes ☐ No ☑

PARENTS 189

14a. Name of Father: Jerry Russell
14b. Birthplace of Father (City or town): Unknown
15a. Maiden Name of Mother: Unknown
15b. Birthplace of Mother (City or town): Unknown

INFORMANT'S CERTIFICATION

I certify that the above stated information is true and correct to the best of my knowledge.
16a. Signature of Informant: Daisy Russell
16b. Date of Signature: 1/26/57

CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)

7831

17. Part I. Death was caused by: Immediate cause (a) Pulmonary Hemorrhage — Interval Between Onset and Death: 1 Day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Due to (b) _____ Due to (c) _____

Part II. Other Significant conditions contributing to death but not related to the Terminal Disease condition given in Part I (a)

18. Autopsy: Yes ☐ No ☑

DEATHS DUE TO EXTERNAL VIOLENCE

19a. Accident ☐ Suicide ☐ Homicide ☐
19b. Describe how Injury Occurred. (Enter nature of injury in Part I or Part II of item 17.)
19c. Time Of Injury: Hour a. m. p. m. Month, Day, Year
19d. Injury Occurred: While at Work ☐ Not While At Work ☐
19e. Place of Injury (e. g., in or about home, farm, factory, street, office bldg., etc.)
19f. City, Town, or Location — Parish — State

PHYSICIAN'S CERTIFICATION

20. I certify that I attended the deceased From _____ To _____ and that death occurred on the date and hour stated above.
21a. Signature of Physician: Don F. Davis, M.D.
21b. Date of Signature: 1/26/57

FUNERAL DIRECTOR'S CERTIFICATION

22a. Burial .... [✓] Date Thereof: Jan. 31, 1957
Cremation . [ ]
Removal . . [ ]
22b. Name and Location of Cemetery or Crematory: Wish-Well Cemetery, Lake Providence, La.
23. Signature and Address of Funeral Director: L. Brannum Trans. Brannum Funeral Home, Lake Providence, La.

BURIAL TRANSIT PERMIT

24. Burial Transit Permit Number: 1974
25. Parish of Issue: East Carroll
26. Date of Issue: 1-28-57
27. Signature of Local Registrar: [signature]

FORM 10-60 PHS 16 (Rev.)

LOUISIANA STATE DEPARTMENT OF HEALTH, DIVISION OF PUBLIC HEALTH STATISTICS

FEB 7 1957