

PERSONAL DATA OF DECEASED

1a. Last Name of Deceased <i>Phillips</i>	1b. First Name <i>Neal</i>	1c. Second Name	1d. Month <i>11</i>	1e. Day <i>28</i>	1f. Year <i>1952</i>	1g. Hour <i>4:30</i>
2. Sex - Male or Female <i>Male</i>	3. Color or Race <i>Colored</i>	4. Single, Married, Widowed, or Divorced <i>Married</i>	5a. Name of Spouse or Wife <i>Nela</i>	5b. Age <i>52</i>	DATE OF DEATH: <i>11/28/52</i>	
6. Date of Birth of Deceased <i>11/17/98</i>	7. Age of Deceased <i>54</i>	8. If under 1 day Days Months Years	9a. City or town <i>Lake Providence</i>	9b. (State or Foreign Country) <i>La.</i>		
10. Date of Death (Give kind of vessel used and date of sailing, etc., even if retired)	11. Kind of Industry or Business <i>Construction</i>	12. Was deceased ever in U.S. Armed Forces? (If yes, give war or dates of service)				

PLACE OF DEATH

12a. City or Town - (If outside corporate limits write RURAL) <i>Monroe La.</i>	12b. Parish and Ward No. <i>Ouachita</i>	12c. Length of Stay in this Place <i>2 days 3 hrs</i>
12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) <i>E. Conway Memorial Hospital</i>		12e. Length of Stay in Hospital or Institution <i>9 days 3 hrs</i>

USUAL RESIDENCE OF DECEASED

13a. City or Town - (If outside corporate limits write RURAL) <i>Lake Providence</i>	13b. Parish and Ward No. <i>St. Carroll</i>	13c. Street <i>St.</i>
13d. Street Address - (If rural, give location) <i>306 Blount St</i>		13e. City or Town <i>La.</i>
14. Citizen of what Country? <i>U.S.</i>		

RELATIVES

15a. Name of Father <i>Will Phillips</i>	15b. Birthdate of Father <i>?</i>	15c. Maiden Name of Mother <i>Bonnie Green</i>	15d. Birthdate of Mother <i>?</i>
---	--------------------------------------	---	--------------------------------------

DECEASED'S CERTIFICATION

16. I certify that the above stated information is true and correct to the best of my knowledge.	17a. Signature of Informant <i>Lela Phillips</i>	17b. Date of Signature <i>11/28/52</i>
--	---	---

CAUSE OF DEATH

18. Give only one cause per item for 18a, 18b, and 18c.

18a. I. Disease or Condition Immediately Leading to Death* (a) <i>H.C.V.D.</i>	Interval Between Onset and Death <input checked="" type="checkbox"/>
Antecedent Causes Disease or conditions, if Due to (a) only, giving rise to the above cause (a) showing the underlying cause last. Due to (a)	
18b. II. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death.	

*This does not mean the cause of injury, or condition which caused death. *443x*

DEATH DUE TO INJURY

19a. Date of Operation	19b. Major Findings of Operation	20. Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. Accident, Suicide, or Homicide (Specify)	21b. Time of Injury (e.g., in or about home, bus, street, office, etc.)	21c. City, Town, or Ward No. Parish State
22a. Time of Injury (Month) (Day) (Year) (Hour)	22b. Injury Occurred While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	22c. How did injury occur?

FINALITY

23. I certify that I acted in good faith and that death occurred on the date and hour stated above.	24. Name and Location of Cemetery or Crematory <i>Greenwood East End</i>	25. Signature and Address of Funeral Director <i>J. B. Harris Lake Providence La.</i>	26. Date of Signature <i>11-29-52</i>
27. Name and Location of Cemetery or Crematory <i>St. Carroll</i>	28. Date of Issue <i>11-28-52</i>	29. Signature of Local Inspector <i>D. Walker</i>	

DEC 5 - 1952