

PERSONAL DATA OF DECEASED	1a. Last Name of Deceased <i>Facey</i>	1b. First Name <i>George</i>	1c. Second Name	2a. Month Day Year DATE OF DEATH: <i>2-17-52</i>
	2. Sex - Male or Female <i>Male</i>	3. Color or Race <i>Colored</i>	4. Single, Married, Widowed, or Divorced <i>Infant</i>	5a. Name of Husband or Wife
	7. Date of Birth of Deceased <i>2-4-52</i>	8. Age of Deceased Year Months Days <i>2 7</i>	5b. Birthplace (City or town) <i>Lake Providence</i>	5c. (State or Foreign Country) <i>La.</i>
	10a. Usual Occupation (show kind of work during most of working life, even if retired)	10b. Kind of Industry or Business	11. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	
PLACE OF DEATH	12a. City or Town - (If outside corporate limits write RURAL) <i>Lake Providence</i>	12b. Parish and Ward No. <i>East Carroll 3</i>	12c. Length of Stay in this Place <i>7 days</i>	
	13a. Name of Hospital or Institution (if met in hospital or institution give street address or location)	13b. Length of Stay in Hospital or Institution		
USUAL RESIDENCE OF DECEASED	14a. City or Town - (If outside corporate limits write RURAL) <i>Lake Providence</i>	14b. Parish and Ward No. <i>East Carroll 3</i>	14c. State <i>La.</i>	
	14d. Street Address - (If rural give location)	14e. Name of what Country <i>U.S.A.</i>		
PARENTS	15a. Name of Father <i>Not married</i>	15b. Birthplace of Father	16a. Maiden Name of Mother <i>Dorothy Facey</i>	16b. Birthplace of Mother <i>Lake Providence</i>
	17a. I certify that the above stated information is true and correct to the best of my knowledge.		17b. Signature of Informant <i>Sandy Facey</i>	17c. Date of Signature <i>2-12-52</i>
CAUSE OF DEATH	18. I. Disease or Condition Directly Leading to Death* (a) <i>Intestinal dysentery</i>			Interval between Onset and Death <i>1 day</i>
	Antecedent Causes Disease or conditions, if Due to (b) any, giving rise to the above cause (a) stating the underlying cause last. Due to (c)			
	II. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death.			
	19a. Date of Operation	19b. Major Findings of Operation		20. Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DEATHS DUE TO EXTERNAL VIOLENCE	21a. Accident, Suicide, or Homicide (Specify)	21b. Place of Injury (e.g., in or about home, farm, factory, street, street car, etc.)	21c. City, Town, or Ward No. Parish State	
	21d. Time of Injury (Month) (Day) (Year) (Hour)	21e. Injury Occurred While at <input type="checkbox"/> M. Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. How did injury occur?	
PHYSICIAN'S CERTIFICATION	22. I certify that I attended the deceased, From <i>2-11-52</i> To <i>2-11-52</i> and that death occurred on the date and hour stated above.		23. Signature of Physician <i>Dr. Davis</i>	24. Date of Signature <i>2-17-52</i>
	24a. Burial . . . [X] Date thereof Cremation . . . [] Removal . . . [] <i>2-12-52</i>	24b. Name and Location of Cemetery or Crematory <i>Greenwood Cemetery</i>		24c. Signature and Address of General Director <i>General Hays</i>
BURIAL TRANSIT PERMIT	25. Burial Transit Permit Number <i>1303</i>	26. Parish of <i>East Carroll</i>	27. Date of Issue <i>2-12-52</i>	28. Signature of Local Registrar <i>D. K. Davis</i>