

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

STATE OF LOUISIANA
CERTIFICATE OF DEATH

STATE No. 5 715
FILE No.

BIRTH No. 16-413

PERSONAL DATA OF DECEASED

1a. Last Name of Deceased <i>Phillips</i>	1b. First Name <i>James</i>	1c. Second Name <i>Eagle</i>	2a. Month Day Year DATE OF DEATH: <i>5-27-49</i>	2b. Hour <i>12:00 P.M.</i>
3. Sex -- Male or female <i>Male</i>	4. Color or Race <i>Colored</i>	5. Marital Status <i>Single</i>	6a. Name of Husband or Wife	6b. Age
7. Date of Birth of Deceased <i>5-14-49</i>	8. Age of Deceased Years Months Days <i>15</i>	9a. Birthplace (City or town) <i>Lake Providence La.</i>	9b. (State or Foreign Country)	
10a. Usual Occupation (Give kind of work done 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)		
<i>None</i>	<i>None</i>	<i>No</i>		

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 9</i>	12c. Length of Stay in this Place <i>15 days</i>
12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) <i>1110 North St.</i>		12e. Length of Stay in Hospital or Institution

USUAL RESIDENCE OF DECEASED

13a. City or Town (If outside corporate limits write RURAL) <i>Lake Providence</i>	13b. Parish and Ward No. <i>East Carroll 9</i>	13c. State <i>Louisiana</i>
13d. Street Address (If rural give location) <i>1110 North Street</i>		14. Citizen of what Country <i>U.S.A.</i>

PARENTS

15a. Name of Father	15b. Birthplace of Father <i>Lake Providence</i>	15c. Birthplace of Mother <i>Lake Providence</i>
	16a. Maiden Name of Mother <i>Jessie Phillips</i>	16b. Date of Signature <i>5/30/49</i>

INFORMANT'S CERTIFICATION

I certify that the above stated information is true and correct to the best of my knowledge.	17a. Signature of Informant <i>Walter Phillips</i>	17b. Date of Signature <i>5/30/49</i>
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CAUSE OF DEATH

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

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

18. I. Disease or Condition Directly Leading to Death* (a) <i>Melanoma</i>	18. Interval Between Onset and Death
Antecedent Causes Disease or conditions, if any, giving rise to the above (a) <i>Tenure Pointe</i>	
Due to (b) _____	
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, office bldg., etc.)	21c. City, Town, or Ward No. Parish State
21d. Time of Injury (Month) (Day) (Year) (Hour)	21e. Injury Occurred While at 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 To	and that death occurred on the date and hour stated above.	22c. Signature of Physician <i>Walter Phillips</i>	23b. Date of Signature <i>5/30/49</i>
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FUNERAL DIRECTOR'S CERTIFICATION

24a. Burial or Removal Date Thereof <i>5/30/49</i>	24b. Name of Cemetery or Crematory <i>Mt. Olive</i>	24c. Local No. (City, town, or parish) <i>Lake Providence La.</i>	25. Signature of Funeral Director <i>J. B. Harris</i>
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BURIAL TRANSIT PERMIT

26. Burial Transit Permit Number <i>993</i>	27. Parish of Issue <i>East Carroll</i>	28. Date of Issue <i>5-30-49</i>	29. Signature of Local Registrar <i>James Harris</i>
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JUN 2 - 1949