

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

STATE OF LOUISIANA
CERTIFICATE OF DEATH

STATE FILE No. **8 837**

BIRTH No.

PERSONAL DATA OF DECEASED (Type or print names. Do not use numerals for month of death.)	1a. Last Named of Deceased <i>Lindsey Martha</i>		1b. First Name <i>Lindsey</i>		1c. Second Name		2a. Month Day Year <i>6 23 57</i>		2b. Hour <i>1:53 PM</i>			
	3. Sex - Male or Female <i>Female</i>		4. Color or Race <i>Colored</i>		5. Married <input checked="" type="checkbox"/> Now Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		6a. Name of Husband or Wife <i>William Lindsey</i>		6b. Age <i>65</i>			
	7. Date of Birth of Deceased <i>July 23 1892</i>		8. Age of Deceased Years <i>65</i> Months <i>11</i> Days <i>11</i>		9a. Birthplace (City and State) <i>Lake Arthur La.</i>		9b. Citizen of what Country <i>La.</i>		11a. Social Security No.		11b. Was Deceased ever in U. S. Armed Forces? (If yes, give war or dates of service)	
PLACE OF DEATH <i>62X</i>	12a. City, Town, or Location <i>Oak Grove La.</i>		12b. Parish <i>West Carroll</i>		12c. Length of Stay in this Place <i>all life</i>		12d. In Place of Death inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		12e. In Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	12f. Name of Hospital or Institution (If not in hospital or institution give street address or location) <i>Trinity Kings Reformatory Church</i>		12g. City or Town <i>Oak Grove La.</i>		12h. Parish <i>West Carroll</i>		12i. State <i>La.</i>		12j. In Residence inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
USUAL RESIDENCE OF DECEASED (Where deceased lived at institution; residence before admission)	12k. Street Address - (If rural give location)		12l. Name of Father <i>John Atley</i>		12m. Religion of Father (City or town) <i>La.</i>		12n. Maiden Name of Mother <i>Mary White</i>		12o. Birthplace of Mother (City or town) <i>La.</i>			
	12p. Name of Mother		12q. Signature of Informant <i>Alice Davis</i>		12r. Date of Signature <i>6/23/57</i>		12s. I certify that the above stated information is true and correct to the best of my knowledge.		12t. Death of Signature			
PARENTS <i>62X</i>	12u. Name of Father		12v. Religion of Father (City or town)		12w. Maiden Name of Mother		12x. Birthplace of Mother (City or town)		12y. In Residence on a Farm?			
	12z. Name of Mother		12aa. Religion of Mother (City or town)		12ab. Maiden Name of Mother		12ac. Birthplace of Mother (City or town)		12ad. In Residence on a Farm?			
INFORMANT'S CERTIFICATION	12ae. I certify that the above stated information is true and correct to the best of my knowledge.		12af. Signature of Informant <i>Alice Davis</i>		12ag. Date of Signature <i>6/23/57</i>		12ah. Death of Signature		12ai. In Residence on a Farm?			
	12aj. I certify that the above stated information is true and correct to the best of my knowledge.		12ak. Signature of Informant		12al. Date of Signature		12am. Death of Signature		12an. In Residence on a Farm?			
CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)	17. Part I. Death was caused by: Immediate cause (a) <i>Coronary - Occlusion</i>		Due to (b) <i>Cardiovascular disease</i>		Due to (c) <i>& Hypertension</i>		Interval Between Onset and Death <i>6 hrs -</i>		17b. Autopsy Yes <input type="checkbox"/> No <input type="checkbox"/>			
	17c. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17d. Part II. Other significant conditions contributing to death but not related to the Terminal Disease condition given in Part I (a)		17e. Other significant conditions contributing to death but not related to the Terminal Disease condition given in Part I (a)		17f. Other significant conditions contributing to death but not related to the Terminal Disease condition given in Part I (a)		17g. Other significant conditions contributing to death but not related to the Terminal Disease condition given in Part I (a)			
DEATHS DUE TO EXTERNAL VIOLENCE <i>0</i>	18a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		18b. Describe how injury occurred. (Enter nature of injury in Part I or Part II of item 17.)		18c. Time of Injury Hour <i>11:00</i> Month <i>6</i> Day <i>23</i> Year <i>1957</i>		18d. Injury Occurred While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		18e. Place of Injury (e. g., in or about home, farm, factory, street, office bldg., etc.)		18f. City, Town, or Location Parish <i>West Carroll</i> State <i>La.</i>	
	18g. I certify that I attended the deceased from <i>6-23-57 6:23-11</i> and that death occurred on the date and hour stated above.		18h. Signature of Physician <i>Dr. E. D. Butler</i>		18i. Date of Signature <i>6-23-57</i>		18j. Name and Location of Cemetery or Crematory <i>Oak Grove Cemetery, Oak Grove, La.</i>		18k. Signature and Address of Funeral Director <i>W. H. Howell, 114 N. Main St., Lake Arthur, La.</i>		18l. Signature of Local Registrar <i>W. H. Howell</i>	
PHYSICIAN'S CERTIFICATION	18m. I certify that I attended the deceased from <i>6-23-57 6:23-11</i> and that death occurred on the date and hour stated above.		18n. Signature of Physician <i>Dr. E. D. Butler</i>		18o. Date of Signature <i>6-23-57</i>		18p. Name and Location of Cemetery or Crematory <i>Oak Grove Cemetery, Oak Grove, La.</i>		18q. Signature and Address of Funeral Director <i>W. H. Howell, 114 N. Main St., Lake Arthur, La.</i>		18r. Signature of Local Registrar <i>W. H. Howell</i>	
	18s. I certify that I attended the deceased from <i>6-23-57 6:23-11</i> and that death occurred on the date and hour stated above.		18t. Signature of Physician		18u. Date of Signature		18v. Name and Location of Cemetery or Crematory		18w. Signature and Address of Funeral Director		18x. Signature of Local Registrar	
FUNERAL DIRECTOR'S CERTIFICATION	18y. I certify that I attended the deceased from <i>6-23-57 6:23-11</i> and that death occurred on the date and hour stated above.		18z. Signature of Physician		18aa. Date of Signature		18ab. Name and Location of Cemetery or Crematory		18ac. Signature and Address of Funeral Director		18ad. Signature of Local Registrar	
	18y. I certify that I attended the deceased from <i>6-23-57 6:23-11</i> and that death occurred on the date and hour stated above.		18z. Signature of Physician		18aa. Date of Signature		18ab. Name and Location of Cemetery or Crematory		18ac. Signature and Address of Funeral Director		18ad. Signature of Local Registrar	
BURIAL TRANSIT PERMIT	18ae. I certify that I attended the deceased from <i>6-23-57 6:23-11</i> and that death occurred on the date and hour stated above.		18af. Signature of Physician		18ag. Date of Signature		18ah. Name and Location of Cemetery or Crematory		18ai. Signature and Address of Funeral Director		18aj. Signature of Local Registrar	
	18ae. I certify that I attended the deceased from <i>6-23-57 6:23-11</i> and that death occurred on the date and hour stated above.		18af. Signature of Physician		18ag. Date of Signature		18ah. Name and Location of Cemetery or Crematory		18ai. Signature and Address of Funeral Director		18aj. Signature of Local Registrar	
18ak. Burial Transit Permit Number <i>62-50</i>		18al. Parish of Issue <i>West Carroll</i>		18am. Date of Issue <i>June 23 1957</i>		18an. Signature of Local Registrar <i>W. H. Howell</i>		18ao. Signature of Local Registrar		18ap. Signature of Local Registrar		