

<b>PERSONAL DATA OF DECEASED</b>	1a. Last Name of Deceased <i>Russell</i>		1b. First Name <i>Robert</i>		1c. Second Name		2a. Month Day Year DEATH: <i>2-25-52</i>		2b. Hour <i>1:30 PM</i>	
	3. Sex - Male or Female <i>male</i>		4. Color or Race <i>Colored</i>		5. Single, Married, Widowed, or Divorced <i>Single</i>		6a. Name of Husband or Wife <i>None</i>		6b. Age <i>None</i>	
	7. Date of Birth of Deceased <i>1930</i>		8. Age of Deceased Years <i>22</i> Months Days Hours Mins.		9a. Birthplace (City or town) <i>Lake Providence La.</i>		9b. (State or Foreign Country)			
<b>PLACE OF DEATH</b>	10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <i>House Painter</i>				10b. Kind of Industry or Business <i>None</i>				11. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
	12a. City or Town (If outside corporate limits write RURAL) <i>Lake Providence Rural</i>				12b. Parish and Ward No. <i>East Carroll</i>		12c. Length of Stay in this Place <i>22 years</i>			
	12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) <i>Bayou Road</i>						12e. Length of Stay in Hospital or Institution			
<b>USUAL RESIDENCE OF DECEASED</b>	13a. City or Town (If outside corporate limits write RURAL) <i>Lake Providence</i>				13b. Parish and Ward No. <i>East Carroll 3</i>		13c. State <i>La.</i>			
	13d. Street Address (If rural give location) <i>Bayou Road</i>						14. Citizen of what Country <i>U.S.A.</i>			
	15a. Name of Father <i>Wesman Russell</i>		15b. Birthplace of Father <i>Lake Providence</i>		16a. Maiden Name of Mother <i>Chris Sparks</i>		16b. Birthplace of Mother <i>St. Martinville, La.</i>			
<b>INFORMANT'S CERTIFICATION</b>		I certify that the above stated information is true and correct to the best of my knowledge.		17a. Signature of Informant <i>Chris Russell</i>		17b. Date of Signature <i>2/25/52</i>				
<b>CAUSE OF DEATH</b>		18. I. Disease or Condition Directly Leading to Death* (a) <i>Pulmonary tuberculosis</i>						Interval Between Onset and Death <input checked="" type="checkbox"/>		
Enter only one cause per line for (a), (b), and (c)		Antecedent Causes Diseases or conditions, if Due to (b) any, giving rise to the above cause (a) stating the underlying cause last. Due to (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.		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"/>		
<b>DEATHS DUE TO EXTERNAL VIOLENCE</b>	21a. Accident, Suicide, or Homicide (Specify) <i>W</i>		21b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. City, Town, or Ward No. Parish		21d. State			
	21d. Time (Month) (Day) (Year) (Hour) of Injury		21e. Injury Occurred While at <input type="checkbox"/> Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. How did injury occur?					
<b>PHYSICIAN'S CERTIFICATION</b>		22. I certify that I attended the deceased, From <i>Jan 5 12-21-52</i> to <i>2-25-52</i>		and that death occurred on the date and hour stated above.		23a. Signature of Physician <i>James A. Carr MD</i>		23b. Date of Signature <i>2-26-52</i>		
<b>FUNERAL DIRECTOR'S CERTIFICATION</b>		24a. Burial . . . [ ] Date Thereof Cremation . . . [ ] Removal . . . [ ] <i>2/28/52</i>		24b. Name and Location of Cemetery or Crematory <i>Lake Providence La. Road, Hammond La.</i>		24c. Signature and Address of Funeral Director <i>Walter J. ...</i>				
<b>BURIAL TRANSIT PERMIT</b>		25. Burial Transit Permit Number <i>1308</i>		25a. Parish of Issue <i>East Carroll</i>		25b. Date of Issue <i>2-26-52</i>		25c. Signature of Local Registrar		

MAR 6 - 1952