

MARGIN RESERVED FOR BINDING.

V. S. No. 99

N. B.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every Record should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1—PLACE OF DEATH

Parish East Carroll
Police Jury Ward 3
Village.....
or.....
City.....

Evans
LOUISIANA STATE BOARD OF HEALTH
Bureau of Vital Statistics

Registration District No. 18-3-172 File No. 118
DEC - 7 1925
Registration No. 14264
(Applies only to an incorporated town.) (To be given in Civil Bureau)

2—FULL NAME

Lissie Atlas

(a) Residence. No.....St.....Ward.....
(Usual place of residence)
Length of residence in city or town where death occurred yrs. mos. ds. How long in foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE col 5 Single, Married, Widowed or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year)

8 AGE Years Months Days If LESS than 1 day... hrs or... min. 35

9 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or unemployed)
(c) Name of Employer Jeune La

10 BIRTHPLACE (city or town) (State or country) La

11 NAME OF FATHER unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country)

13 MAIDEN NAME OF MOTHER Lissie Atlas

14 BIRTHPLACE OF MOTHER (city or town) (State or country) La

15 Informant (Address) Miss Ham La

Filed 11/9 1925 Mrs. R. Beece Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 19 25
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 19... to 19... that I last saw him... alive on 19... and that death occurred, on the date stated above, at... m.

The CAUSE OF DEATH* was as follows:
Pellagra
(duration) yrs. mos. ds. 54

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? (Signed) J. H. Evans, M. D. (Address) 1000 Providence

*State the Disease Causing Death, or in deaths from Violent Causes, state Cause and Nature of Injury, and (2) whether Accidental, Suicidal, or Criminal. (See reverse side for instructions.)

19 PLACE OF SPECIAL CREMATION, OR REMOVAL DATE OF BURIAL La Paroch 11/20 25

20 UNDERTAKER R. Beece ADDRESS