

DEPARTMENT OF COMMERCE
Bureau of the Census

STATE OF LOUISIANA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **11749**
Registrar's No. _____

District No. _____

1. PLACE OF DEATH:
(a) Parish Orleans ward 3
(b) City or town Metairie
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
E. A. Conway Memorial Hosp.
(If not in hospital or institution write street number or location)
(d) Length of stay: in hospital or institution 5 days
(Specify whether in this community _____ years, months or days) (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Louisiana (b) Parish East Carroll
(c) City or town Lake Providence
(If outside city or town limits, write RURAL)
(d) Street No. 118 N. Oregon
(If rural give location)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Verlenna Russell Dialmes

3(b) If veteran, name war _____ No. _____
3(c) Social Security No. _____

4. Sex Female race negro
5. Color or race _____
6(a) Single, widowed, married, divorced married
6(b) Name of husband or wife John Robert Dialmes
6(c) Age of husband or wife if alive 31 Years
7. Birth date of deceased May 28 1914
(Month) (Day) (Year)

8. AGE: Years 17 Months 3 Days 10
If less than one day _____ yr. _____ min.

9. Birthplace Lake Providence La.
(City, town or parish) (State or foreign country)

10. Usual occupation _____

11. Ind. or business Housewife
12. Name Charles Russell
13. Birthplace Lake Providence La.
(City, town or parish) (State or foreign country)
14. Maiden name Mary Marshall
15. Birthplace Lake Providence La.
(City, town or parish) (State or foreign country)

16(a) Informant's age _____
(b) Address same as above

17(a) Buried (b) Date, (Month) (Day) (Year) 9-8-41
(c) Place: burial or cremation St. Rose Cemetery

18(a) Signatures of funeral director G. H. Pizarro
(b) Address Lake Providence La.

19(a) 9-7-41 (Date received local registrar)
Douglas Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept day 7 year 1941
21. I hereby certify that I attended the deceased from Sept 2 1941 to Sept 7 1941, that I last saw him alive on Sept 7 1941, and that death occurred on the date stated above at 11:40 P.

Immediate cause of death _____
Due to Prognosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (Parish) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? Yes (e) Means of injury _____
23. Signature G. M. Higgins M.D.
Address Monroe La. Date signed 9-7-41

MARGIN RESERVED FOR BINDING

Form V. S. No. 1-4-41
N. B.—WRITE IN INK ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—Every item of information should be carefully supplied. AGE must be stated EXACTLY. Place of death should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

U.S. 1941

MONROE, LA.