

MARGIN RESERVED FOR BINDING.

Form V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFAILING INK.—THIS IS A PERMANENT RECORD. Every item of information 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.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1—PLACE OF DEATH Parish <u>Caddo</u> Ward <u>3</u> City or Town <u>State Providence</u> No. _____ St. _____ Ward <u>(23)</u>		LOUISIANA STATE BOARD OF HEALTH Certificate of Death District No. <u>18-2118</u> File No. <u>68</u> (1, 2, 3, etc. of the year certificates are filed.) Registered No. <u>10267</u> (To be given to Federal Bureau.)	
2—FULL NAME <u>William Russell</u>		St. _____ Ward _____	
(a) Residence. No. _____ St. _____ Ward _____ <small>(Usual place of abode)</small> <small>Length of residence in city or town</small> yrs. mos. <small>of death occurred</small>		(If non-resident give city or town and State) <small>How long in U. S., of foreign birth?</small> yrs. mos. da.	
3. SEX <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE IN WORD) <u>Single</u>	21. DATE OF DEATH (month, day, and year) <u>Aug 28, 1939</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		22. I HEREBY CERTIFY that I attended deceased from <u>April 1939</u> to <u>Aug 28, 1939</u> I last saw him alive on <u>Aug 26, 1939</u> . Death is said to have occurred on the date stated above, <u>8 11</u> a. m.	
6. DATE OF BIRTH (month, day, and year) <u>7-26-07</u>		The principal cause of death and related causes of importance in order of causal sequence follows: <u>Pulmonary Tuberculosis</u> Date of onset _____	
7. AGE Years <u>32</u> Months <u>1</u> Days <u>2</u> If LESS than 1 day, ____ hrs. or ____ min.	8. Trade, profession, or particular kind of work done, as SAWYER, BOOKKEEPER, etc. <u>Laborman</u>		Contributory causes of importance not related to principal cause: _____ _____
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.		Name or operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
11a. Veteran post war. <u>No</u> (yes or no) _____ (name war) _____		What test confirmed diagnosis? _____ Was there an autopsy? _____	
12. BIRTHPLACE (city or town) <u>State Providence</u> (State or Parish) _____		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19__ Where did injury occur? _____ (Specify city or town, parish, and State) Specify whether injury occurred in industry, in home, or in public place _____	
FATHER	13. NAME <u>Charles Russell</u>	Manner of injury _____	
	14. BIRTHPLACE (city or town) <u>State Providence</u> (State or Parish) _____	Nature of injury _____	
MOTHER	15. MAIDEN NAME <u>Nancy Marshall</u>	24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
	16. BIRTHPLACE (city or town) <u>State Providence</u> (State or Parish) _____	If so, specify _____ (Signed) <u>J. J. Hopkins</u> M.D. (Address) <u>State Providence</u>	
17. INFORMANT <u>Laverne Russell</u> (Address) <u>State Providence</u>		20. FILED <u>8/29</u> 19 <u>39</u> Register.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Longview</u> Date <u>Aug 29, 1939</u>			
19. UNDERTAKER <u>J. J. Hopkins</u> (Address) <u>State Providence</u>			