

Form V. B No. 1-4
N. B.—WRITE PLAINLY WITH UNFADING 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.

DEPARTMENT OF COMMERCE
Bureau of the CensusDistrict No. 18-2118STATE OF LOUISIANA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No. 5671
Registrar's No. 38

1. PLACE OF DEATH:

(a) Parish East Carroll Ward 3
(b) City or town Lake Providence
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____(If not in hospital or institution write street number or location)
(d) Length of stay: in hospital or institution _____ (Specify whether)

In this community _____ years, months or days

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. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME

3(b) If veteran,

name War _____

3(c) Social Security

No. _____

4. Sex Male

5. Color or

race Col

6(a) Single, widowed, married,

divorced Widowed

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive Mar 10 870 Years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 11 10 hr. — min.9. Birthplace East Carroll Parish
(City, town or parish) (State or foreign country)10. Usual occupation Lab11. Industry or business Lab12. Name Abner Hearn13. Birthplace North Carolina
(City, town or parish) (State or foreign country)14. Maiden name Abner Hearn15. Birthplace East Carroll Parish
(City, town or parish) (State or foreign country)16(a) Informant's own signature E. L. Hearn(b) Address Lake Providence17(a) Buried (b) Date thereof 4-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lake Providence18(a) Signature of funeral director Wm. T. Dumas(b) Address Lake Providence19(a) 4-26-40 (b) Mr. R. Bee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month April day 26 year 194021. I hereby certify that I attended the deceased from None 1936
to None 1940 that I last saw him alive on Apr 26 1940 and that death occurred on the date stated above at 4 1/2 M.Immediate cause of death CerebralDue to arteriosclerosisOther conditions None
(Include pregnancy within 3 months of death)Major findings: ✓Of operations ✓Of autopsy ✓

Underline the cause to which death should be charged statistically.

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 on business of ownerAddress Lake Providence Date signed 4-27-40