

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.

1—PLACE OF DEATH

Parish

Ward

City

or
Town

2—FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. 40 yrs.

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

District No.

File No.

(1, 2, 3, etc., in the order Certificates are filed.)

FEB 10 1933

Registered No.

(To be given in Central Bureau.)

No.

St.

Ward

(If death occurred in a hospital or institution, give its Name instead of Street and Number.)

2—FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. 40 yrs.

St.

Ward.

(If non-resident give city or town and State)

ds. How long in U. S.; of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (WRITE the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SAW-
YER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as cotton mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years
spent in this
occupation

11a. Veteran past wars

(yes or no)

(name war)

12. BIRTHPLACE (city or town)

(State or Parish)

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or Parish)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or Parish)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

22. I HEREBY CERTIFY, That I attended deceased from

1932 to

I last saw him alive on Jan. 16, 1933, death is said
to have occurred on the date stated above, at 3:00 a.m.The principal cause of death and related causes of importance in order of onset
were as follows:

Date of onset

Contributory causes of importance not related to principal cause.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, parish, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

N.D.