IMPORTANT! This is a Permanent Record. Use Typewriter or Ink. For Typewriter Set Tabs V

LOUISIANA STATE DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH STATISTICS

CERTIFICATE OF DEATH

STATE FILE No. 1080

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PERSONAL DATA OF DECEASED

1a. Last Name of Deceased: Franklin
1b. First Name: Alice
1c. Second Name:
DATE OF DEATH: 2a. Month: 6 Day: 18 Year: 42 2b. Hour: 3 P.M.
3. Sex — Male or Female? Female
4. Color or Race: Color
5. Single, Married, Widowed or Divorced: Single
6a. Name of Husband or Wife: None 6b. Age: no
7. Date of Birth of Deceased: 1862
8. Age of Deceased: Years: 80 Months: Days: If under 1 day: Hours: Minutes:
9a. Birthplace (City or town): La.
9b. (State or Foreign Country):
10. Usual Occupation: House Work
11. Industry or Business: House Works
12. Social Security Number: Unionlown alb
13. If veteran name war: no

PLACE OF DEATH 1803 X

14. City or Town — (If outside city or town limits write RURAL): Lake Providence Rural
15. Parish and Ward No.: 3 East Carroll
16. Length of Stay in this Community (Yrs. months or days): 70
17. Name of Hospital or Institution (If not in hospital or institution give street no. or location): Jefferson Ridge Plant
18. Length of Stay in Hospital or Institution (Yrs. months or days): non

USUAL RESIDENCE OF DECEASED 1803

19. City or Town — (If outside city or town limits write RURAL): Lake Providence Rural
20. Parish and Ward No.: 3 East Carroll
21. State: La
22. Street Address — (If rural give location): Jefferson Ridge
23. Is deceased a citizen of a foreign country? If yes, name country: citizen ~~of~~ U.S.

PARENTS

24. Name of Father: Knows no
25. Birthplace of Father: Dont no
26. Name of Mother: Dont no
27. Birthplace of Mother: Dont no

INFORMANT'S CERTIFICATION

I certify that the above stated information is true and correct to the best of my knowledge.
28. Signature of Informant: Louis. Alles.
29. Date of Signature: June 18 42

CAUSE OF DEATH

JUL 7 1942 08 La

30. Immediate Cause of Death: Cerebral Hemorrhage — Duration:
Duration:
31. Due to: Generalized Arteriosclerosis — Duration:
32. Other Conditions (Include pregnancy within three months of death):
33. Major Findings of Operations:
34. Major Findings of Autopsy: None

DEATH DUE TO EXTERNAL VIOLENCE

35. Accident, Suicide, or Homicide (Specify):
36. Date of Occurrence:
37. Where did injury occur? (City or town, parish and state):
38. Did injury occur in or about home, on farm, in industrial or public place? (Specify type of place):
39. Did injury occur at work? (Yes or No):
40. Means of Injury:

PHYSICIAN'S CERTIFICATION

41. I certify that I attended the deceased, Franklin Coroner To and that death occurred on the date and hour stated above.
42. Signature of Physician: T.M. Arrel
43. Date of Signature: 6/18/42

FUNERAL DIRECTORS CERTIFICATION

44. Burial .... Date Thereof: 6-21-42
Cremation . . [ ]
Removal . . [ ]
45. Place of Burial or Cremation: Evergreen Cem
46. Signature of Funeral Director: Hewitt Home
47. Signature of Local Registrar: F. A. Williams M.D.

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In cooperation with the U. S. Department of Commerce—Bureau of the Census

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