JUL 17 1918

LOUISIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—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 East Carroll.
Police Jury Ward 3rd.
Village
City or Town Lake Providence, La.

Registration District No. 18-2118
Primary Registration District No. (Applies only to an incorporated town.)
(No. St. Ward)

File No. 112
(1, 2, 3, etc., in the order Certificates are filed.)
Registered No. 8580
(To be given in Central Bureau.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2—FULL NAME Alice Herron.

PERSONAL AND STATISTICAL PARTICULARS

3—SEX: Female.
4—COLOR or RACE: Col. (Write White or Col.)
5—Single, Married, Widowed or Divorced (Write the word):
6—DATE OF BIRTH: ..... (Month) ..... (Day) ....., 19.... (Year)
7—AGE (If in doubt, write "about.....years"): 19 yrs. ..... mos. ..... ds.
IF LESS than 1 day ..... hrs. or ..... min.
8—OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business or establishment in which employed (or employer)
9—BIRTHPLACE (City or Town, State or foreign country): Louisiana

PARENTS
10—NAME OF FATHER
11—BIRTHPLACE OF FATHER (City or Town, State or foreign country)
12—MAIDEN NAME OF MOTHER
13—BIRTHPLACE OF MOTHER (City or Town, State or foreign country)

14—The above is true to the best of my knowledge.
(Informant) Rachael Herron.
(Address) L. Providence, La.

15—Filed June 23 1918 M. R. Bell Registrar.
(Date copy or data is received.) (This MUST be signed.)

MEDICIAL CERTIFICATE OF DEATH.

16—DATE OF DEATH June. 23, 1918
(Must always be given.) (Month) (Day) (Year)

17—I HEREBY CERTIFY, that I attended deceased from ....., 191...., to ....., 191....
that I last saw h..... alive on ....., 191....
and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows:

Bright Disease.
No Doctor
(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) .....
....., 191.... (Address) .....

(If no Physician, Registrar must write "No Physician.")
*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of injury; (2) whether Accidental, Suicidal or Homicidal.

18—LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19—PLACE OF BURIAL or REMOVAL: Lake Providence,
DATE OF BURIAL: June. 24 1918
20—UNDERTAKER: John Williams.
ADDRESS: L. Prov. La.

Form V. S. No. 2.