1—PLACE OF DEATH, mopus

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

19-51 P.O.

Parish E. Feliciana

Registration District No. 19

File No.

Police Jury Ward

19379

Village Jackson

or

City La

Primary Registration District No.

(Applies only to an incorporated town.)

Registered No.

DEC 5

No. St. Ward.

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

9150 ✓

2 FULL NAME Angeline Atlas

(a) Residence. No. St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH
3 SEX: Female	4 COLOR OR RACE: Colored	5 Single, Married, Widowed, or Divorced (write the word): Married		16 DATE OF DEATH (Month) Mar (Day) 27
5a If married, widowed, or divorced HUSBAND of (or) WIFE of				17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (month, day, and year)				that I last saw her alive on; and that death occurred, on the date stated above, at 1:30
7 AGE Years: 43	Months	Days	If LESS than 1 day hrs. or min.	The CAUSE OF DEATH* was as follows: Anemia of Arch of aorta; Autopsy — (duration) yrs. mos. ds.
8 OCCUPATION OF DECEASED: Laborer				CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) (State or country)				18 Where was disease contracted if not at place of death? Did an operation precede death? no Date of; Was there an autopsy? Yes — ; What test confirmed diagnosis?
10 NAME OF FATHER				(Signed) [illegible]
11 BIRTHPLACE OF FATHER (city or town) (State or country)				19 (Address)
12 MAIDEN NAME OF MOTHER				*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (city or town) (State or country)				19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Jackson
14 Informant				20 UNDERTAKER
15 Filed [illegible]				[illegible]