

## DEATH

## Louisiana State Board of Health

Bureau of



Vital Statistics

## 1—PLACE OF DEATH

Parish East CarrollWard #3City Lake Providence  
or  
TownDistrict No. 18-5172

## LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

File No. 19

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

Registered No. 9425

(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

Carolina Carson(a) Residence. No. Olivedell Plan.

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

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

Length of residence in city or town where death occurred. 80 yrs. mos. ds. How long in U. S.; of foreign birth yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. Single, Married, Widowed, Widow (write the word)5a. If married, widowed, or divorced  
HUSBAND of Lewis Carson  
(or) WIFE of

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

7. AGE Years 120 Months \_\_\_\_\_ Days \_\_\_\_\_ IF LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SAW-  
YER, BOOKKEEPER, etc. not employed9. 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) Baltimore  
(State or Parish) Maryland13. NAME Do not know14. BIRTHPLACE (city or town) Do not know  
(State or Parish)15. MAIDEN NAME Do not know16. BIRTHPLACE (city or town) Do not know  
(State or Parish)17. INFORMANT Chas. E. Russell, Sr.  
(Address) Lake Providence, La.

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cem. Date 9-2, 193519. UNDERTAKER Majestic Funeral Home  
(Address) Lake Providence, La.20. FILED 9-1, 1935 Mrs. R. Bell  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 6, 1935 to Aug. 31, 1935I last saw her alive on Aug. 31, 1935 death is saidto have occurred on the date stated above, at 6:30p m.The principal cause of death and related causes of importance in  
order of onset was as follows:Chronic Interstitial nephritis is 1934Contributory causes of importance not related to  
principal cause:SenilityName of operation clinical Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the  
following:Accident, suicide or homicide? \_\_\_\_\_ Date of injury 19

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? no

If so, specify \_\_\_\_\_

(Signed W. H. Hamley M.D.  
(Address Lake Providence, La.)New Orleans, La., February 14 1936I hereby certify that the above is a true copy of the Death Certificate  
of Carolina Carson  
on file in this office.

Bureau of Vital Statistics

P. A. Wisbe, M. D. State Registrar

Filed 2-24-36  
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