

IMPORTANT! This is a Permanent Record. Use Black Typewriter Ribbon or Black Ink.

**STATE OF LOUISIANA
CERTIFICATE OF DEATH**

STATE No. **10 924**
FILE

BIRTH No. _____

PERSONAL DATA OF DECEASED

1a. Last Name of Deceased Rosby	1b. First Name Eliza	1c. Second Name	2a. Month Day Year 8-15-54	2b. Hour 3:AM
3. Sex — Male or Female Female	4. Color or Race negro	5. Single, Married, Widowed, or Divorced widowed	6a. Name of Husband or Wife Wm. Ross	
7. Date of Birth of Deceased Dec. 14, 1887	8. Age of Deceased Years 67 Months 8 Days 1	If under 1 day Hours — Min. —	9a. Birthplace (City or town) Lake Providence La	9b. (State or Foreign Country)
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) housewife	10b. Kind of Industry or Business	11. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) no		

PLACE OF DEATH

12a. City or Town—(If outside corporate limits write RURAL) Oak Grove La	12b. Parish and Ward No. West Carroll	12c. Length of Stay in this Place 4 2 42
12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) none		12e. Length of Stay in Hospital or Institution

USUAL RESIDENCE OF DECEASED

13a. City or Town—(If outside corporate limits write RURAL) Oak Grove La	13b. Parish and Ward No. West Carroll	13c. State La
13d. Street Address—(If rural give location) Oak Grove La Box 442		14. Citizen of what Country La

PARENTS

15a. Name of Father Andrew Atlas	15b. Birthplace of Father La	15a. Maiden Name of Mother Mary White	15b. Birthplace of Mother La
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INFORMANT'S CERTIFICATION

I certify that the above stated information is true and correct to the best of my knowledge.	17a. Signature of Informant Hannibal Rosby	17b. Date of Signature 8-15-54
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CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

18. I. Disease or Condition Directly Leading to Death* Antecedent Causes Diseases or conditions if any, giving rise to the above cause (a) stating the underlying cause last. (a) Stroke apoplectic Cardiovascular Disease with hypertension	Interval Between Onset and Death 8 days	
II. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death.		
19a. Date of Operation	19b. Major Findings of Operation	20. Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DEATHS DUE TO EXTERNAL VIOLENCE

20a. Accident, Suicide, or Homicide (Specify)	20b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. City, Town, or Ward No. —	Parish —	State —
20d. Time (Month) (Day) (Year) —	20e. Injury Occurred While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>	20f. How did injury occur?		

PHYSICIAN'S CERTIFICATION

22. I certify that I attended the deceased, From 8-5-54 To 8-15-54 and that death occurred on the date and hour — above.	23a. Signature of Physician Dr. E. B. Bredon	23b. Date of Signature 8-15-54
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FUNERAL DIRECTOR'S CERTIFICATION

24a. Burial Date Thereof Cremation Removal 8-19-54	24b. Name and Location of Cemetery or Crematory Oak Grove, Oak Grove, La	25. Signature and Address of Funeral Director J. P. Harris Lake Providence, La.
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BURIAL TRANSIT PERMIT

26. Burial Transit Permit Number 1713	27. Parish of Issue East Carroll	28. Date of Issue 8-17-54	29. Signature of Local Registrar J. P. Harris
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