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

PLACE OF DEATH
 Parish Metairie
 Township St. Francisville Registration District No. 6211 File No. 79
 Village St. Francisville Primary Registration District No. Registered No. 9814
 City (No.) St. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Henry Dewitt

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>♂</u>	COLOR or RACE <u>Col</u>	Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed or Divorced (Write the word)	DATE OF DEATH <u>Sept. 25</u> , 191 <u>6</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>June 8th</u> , 19 <u>42</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191 <u>6</u> , to <u>Sept 5</u> , 191 <u>6</u> , that I last saw him alive on <u>Sept 5</u> , 191 <u>6</u> , and that death occurred, on the date stated above, at _____.		
AGE <u>74</u> yrs. <u>7</u> mos. <u>28</u> ds. or min. If LESS than 1 day hrs.			m. The CAUSE OF DEATH* was as follows: <u>Dementia</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Musician</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>St. Francisville</u>			<u>Asthenia Dehermia - 81</u> (Duration) yrs. mos. ds.		
BIRTHPLACE (City or Town, State or foreign country) <u>Jackson La</u>			Contributory (Secondary) <u>Duration</u> yrs. mos. ds. (Signed) <u>M. Dewitt</u> M. D. <u>Sept 6</u> , 19 <u>16</u> (Address) <u>St. Francisville</u>		
PARENT'S	NAME OF FATHER <u>Robert Hewlett</u>		*Late the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; (2) whether Accidental, Suicidal or Homicidal.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>		LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.		
	MAIDEN NAME OF MOTHER <u>M. M. Johnson</u>		Where was disease contracted if not at place of death?		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Miss.</u>			Former or usual residence		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
Informant <u>Roylie Ogilvie</u> (Address) <u>St. Francisville La.</u>			PLACE OF BURIAL OR REMOVAL DATE OF BURIAL, 191 <u>6</u>		
Filed 191 <u>6</u> Registrar			UNDERTAKER ADDRESS		