MARGIN RESERVED FOR BINDING.

U. S. No. 36
N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Parish East Carroll

Police Jury Ward 3rd

Village

City Lake Providence,

Registration District No. 18-5-172

Primary Registration District No.

(Applies only to an incorporated town.)

BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

File No. 523

(To be given in the order Certificates are filed.)

JAN 19 1925

Registered No. 15642

(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 John Atlas

(a) Residence. No. St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. How long in U. S.? (If non-resident give city or town and State) If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

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

7 AGE: Years 90 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of Employer

9 BIRTHPLACE (city or town) Ala —

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARTICULARS

14 Informant Tom Atlas

(Address) Lake Providence La

15 Filed 12/23, 1924 Mrs. R. Bell

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 23 (Day) 1924 (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 19, to , 19, that I last saw h alive on , 19, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

General Senility

(164)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed , M.D.

, 19

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Lake Providence — DATE OF BURIAL: Dec 24 1924

20 UNDERTAKER: John Williams — ADDRESS: Lake Prov