

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

1 PLACE OF DEATH  
Parish East Carroll JUL 24 1919  
Registration District No. 18-5172 File No. 253  
For deaths outside an incorporated town, write X after its District No.  
Primary Registration District No. \_\_\_\_\_ Registered No. 10864  
(Applies only to an incorporated town.) (To be given in Central Bureau.)  
Village \_\_\_\_\_  
City of Lake Providence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
2 FULL NAME King Atlas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Col. 5 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ or Divorced \_\_\_\_\_  
(Write White or Col.) (Write the word)  
6 DATE OF BIRTH \_\_\_\_\_ 19\_\_\_\_  
(Month) (Day) (Year)

7 AGE (if in doubt, write "about" years) 86 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. or \_\_\_\_\_ min.  
IF LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8 OCCUPATION Farmer  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE \_\_\_\_\_  
(City or Town, State or foreign country)

PARENTS  
10 NAME OF FATHER \_\_\_\_\_  
11 BIRTHPLACE OF FATHER \_\_\_\_\_  
(City or Town, State or foreign country)  
12 MAIDEN NAME OF MOTHER \_\_\_\_\_  
13 BIRTHPLACE OF MOTHER \_\_\_\_\_  
(City or Town, State or foreign country)

14 The above is true to the best of my knowledge.  
(Info. by) Louis Atlas  
(Address) Lake Providence La

15 Filed Jul 1 1919 Registrar W. R. Bee  
(Date certificate is received.) (This MUST be signed.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 10 1919  
(Must always be given) (Month) (Day) (Year)  
17 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 191\_\_\_\_  
and death occurred, on the date stated above.  
m. The CAUSE OF DEATH\* was as follows:

Senility  
and age.  
154 (Duration) 86 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) \_\_\_\_\_  
\_\_\_\_\_, 191\_\_\_\_ (Address)

(If no Physician Registrar must write "No Physician.")  
\*State the Cause of Death, or, in deaths from Violent Causes, state (1) nature of injury, (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (or Hospitals, Institutions, Transient or Recent Residents)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL L. Prov. La. DATE OF BURIAL June 11 1919  
20 UNDER DEPARTMENT John Williams ADDRESS L. Prov. La.

MARGIN RESERVED FOR INDEXING  
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.