MARGIN RESERVED FOR BINDING.

V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1—PLACE OF DEATH Local Reg. Dist. Sept 27 1928 Ft. Leavenworth Hospital

Parish East Carroll — OCT 17 1928 — Registration District No. 18-5174 — File No. 481.

Police Jury Ward # 4 — Primary Registration District No. 18-5173 — (1, 2, 3, etc., in the order Certificates are filed.)

Village Lake Providence — (Applies only to an incorporated town.) — Registered No. 11613

or City Lake Providence — (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 Lillie May Phillipps

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

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Female	Colored	Single

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

6 DATE OF BIRTH (month, day, and year) Sept 13, 1928

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
—	—	14 days	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of Employer

9 BIRTHPLACE (city or town) Lake Providence
(State or country) Buchmeadow Plt

PARENTS

10 NAME OF FATHER Neif Phillipps

11 BIRTHPLACE OF FATHER (city or town) Lake Providence
(State or country)

12 MAIDEN NAME OF MOTHER Lela Attis

13 BIRTHPLACE OF MOTHER (city or town) Lake Providence
(State or country)

14 Informant Lela Attis Phillipps
(Address) Lake Providence La

15 Filed Sept 27, 1928 — Ft. Leavenworth Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 23 (Day) 1928 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1928 to Sept 23, 1928
that I last saw him alive on Sept 23, 1928
and that death occured, on the date stated above, at ____ m.
The CAUSE OF DEATH* was as follows:

Tetanus 29a

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Infection - Cord

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ____
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W. P. Lyon, M. D.

, 19 (Address) Lake Providence La

*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 — DATE OF BURIAL

Buchmeadow Plt — 9/29/28

20 UNDERTAKER Carroll Funeral Home

ADDRESS Lake Providence La

A. J. Prim Co