

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.

1 PLACE OF DEATH

Parish *Caddo*

Town or Village *W. La.*

Village

City *Like Moss, La.*

Registration District No. *18-5172*  
(For deaths outside an incorporated town, write X after its District No.)

Primary Registration District No. *(Apply only to an incorporated town.)*

JAN 6 1922 St.

File No. *170*  
(1, 2, 3, etc., in the order Certificates are filed.)

Registered No. *12459*  
(To be given in Central Bureau.)

Ward (If death occurred in a hospital or institution, give its name instead of street and number.)

2 FULL NAME *Rachel Atlas*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *Col* 5 Single ☐ Married ☒ Widowed ☒ Divorced ☐  
(Write White or Col.) (Write the word)

6 DATE OF BIRTH  
(Month) (Day) (Year)

7 AGE (If in doubt, write "about" years) 1F LESS than  
*50* yrs. mos. ds. or min. 1 day hrs. min.

8 OCCUPATION  
(a) Trade, profession, or particular kind of work. *Farming, T. Washington*  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE  
(City or Town, State or foreign country) *La*

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(City or Town, State or foreign country)

12 MAIDEN NAME OF MOTHER *Alice Tucker*

13 BIRTHPLACE OF MOTHER *La*  
(City or Town, State or foreign country)

14 The above is true to the best of my knowledge.

(Informant) *Alice Tucker*

(Address) *Lake Providence, La.*

15 Filed *10/12*, 1921 *Mrs. R. Bee*

(Date certificate is received.) Registrar. (This MUST be signed.)

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct. 11, 1921*  
(Must always be given.) (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from  
191... to 191...  
that I last saw h... alive on 191...  
and death occurred, on the date stated above, at  
m. The CAUSE OF DEATH\* was as follows:

*Injured by falling  
Tree. lived 1/2 hour.*

(Duration) yrs. mos. ds.

Contributory (Secondary) *202*

(Duration) yrs. mos. ds.

(Signed) *No Doctor*

191... (Address)

(If Physician, Registrar must write "No Physician.")  
\* Disease Causing Death, or, in deaths from Violent state (1) Means 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 *Lake Providence, La.*

DATE OF BURIAL *Oct. 12, 1921*

20 UNDERTAKER *John Williams*

ADDRESS *Lake Providence, La.*