Form V. S. No. 2-A

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.

MARGIN RESERVED FOR BINDING

DEPARTMENT OF COMMERCE
Bureau of the Census

District No. 62-2430

STATE OF LOUISIANA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 6578

Registrar's No. 6

1. PLACE OF DEATH:
(a) Parish West Carroll Ward
(b) City or town Oak Grove La (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Home (If not in hospital or institution write street number or location)
(d) Length of stay: in hospital or institution ______ in this community ______ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ______ (b) Parish ______
(c) City or town ______ (If outside city or town limits, write RURAL)
(d) Street No. ______ (If rural give location)
(e) If foreign born, how long in U. S. A.? ______ years

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3(a) FULL NAME Renude Rosby

3(b) If veteran, name war ______
3(c) Social Security No. ______

4. Sex Boy
5. Color or race Black
6(a) Single, widowed, married, divorced Infant
6(b) Name of husband or wife ______
6(c) Age of husband or wife if alive ______ Years
7. Birth date of deceased Apr 22 1940 (Month) (Day) (Year)
8. AGE: Years ______ Months ______ Days 3 — If less than one day ______ hr. ______ min.
9. Birthplace Oak Grove La (City, town or parish) (State or foreign country)
10. Usual occupation ______
11. Industry or business ______

FATHER
12. Name W. M. Rosby Jr
13. Birthplace Oak Grove La (City, town or parish) (State or foreign country)

MOTHER
14. Maiden name Annie Lee Wilkinson
15. Birthplace Miss (City, town or parish) (State or foreign country)

16(a) Informant's own signature W M Rosby Jr.
(b) Address Oak Grove La
17(a) Burial (Burial, cremation, or removal)
(b) Date thereof Apr 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove La
18(a) Signature of funeral director none
(b) Address ______

19(a) Apr 26-1940 (Date received local registrar)
(b) Mrs M. R. Thompson (Registrar's signature)

B. C. [illegible]

MEDICAL CERTIFICATION

20. Date of death: Month Apr day 25th year 1940

21. I hereby certify that I attended the deceased from Apr 25 1940 to Same 19__, that I last saw him alive on Apr 25 1940 and that death occurred on the date stated above at 10 p m.

	DURATION
Immediate cause of death Congenital weakness	
Due to probably error in diet	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No	
Of autopsy No	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ______
(b) Date of occurrence ______
(c) Where did injury occur? ______ (City or town) (Parish) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ______ (Specify type of place)
While at ______ Means of injury ______

Signature [illegible] Dellwood M.D.
Address Oak Grove
Date signed 4/26/40