FEB -9 1938

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 31

Registered No. 554

1—PLACE OF DEATH

Parish East Carroll

Ward #3

District No. 18-5172

City or Town Lake Providence

No. ... St. ... Ward

(If death occurred in a Hospital or Institution, give its Name instead of Street and Number.)

2—FULL NAME Lizzie Atlas

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

(Usual place of abode). (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 2 ds. How long in U. S.; if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: L. B. Atlas

6. DATE OF BIRTH (month, day, and year): 3/27/1877

7. AGE: Years 60 Months 10 Days 2 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SAWYER, BOOKKEEPER, etc.: Farming

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: Colored

10. Date deceased last worked at this occupation (month, day, year): Jan. 1937

11. Total time (years) spent in this occupation: 40 yrs.

11a. Veteran (yes or no) ... (name war) ...

12. BIRTHPLACE (city or town) (State or Parish): Spelburn La.

FATHER

13. NAME: John Lee

14. BIRTHPLACE (city or town) (State or Parish): Do not know

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or Parish): " "

17. INFORMANT (Address): L. B. Atlas Route 1 Box 164 Lake Prov. La.

18. BURIAL, CREMATION, OR REMOVAL: Interment Jan. 31 1938

19. UNDERTAKER (Address): Magister Funeral Home Lake Providence La.

20. FILED 1-30 1938 Mrs. R. Reed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1937 to Jan 29 1937

I last saw her alive on Jan 10 1938 and death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Tuberculosis of Kidney & Bladder	
(30)	
Contributory causes of importance not related to principal cause:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, parish, and State)

Specify whether injury occurred in industry, in home, or in public place

... Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

... (Specify)

(Signed) A. J. Hopkins M.D.

(Address) Lake Providence La.

Form V. S. No. 1

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.