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.

OCT 26 1920

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

1 PLACE OF DEATH

Parish East Carroll

Police Jury Ward 3rd

Village

City or Lake Prov. (No. ..... St. ..... Ward)

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

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

File No. 347 (1, 2, 3, etc., in the order Certificates are filed.)

Registered No. 9697 (To be given in Central Bureau.)

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

2 FULL NAME Tom Atlas.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male.

4 COLOR OR RACE Col. (Write White or Col.)

5 Single Married Widowed X or Divorced (Write the word)

6 DATE OF BIRTH ..... (Month) ..... (Day) ..... 19.. (Year)

7 AGE (If in doubt, write "about ..... years") 47 yrs. ..... mos. ..... ds. IF LESS than 1 day ..... hrs. or ..... min.

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

9 BIRTHPLACE (City or Town, State or foreign country) E. Carroll

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (City or Town, State or foreign country) Unknown
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.

(Informant) Alice Tucker.

(Address) L. Prov. La.

15 Filed 10/15, 1920 Mrs R Bell Registrar. (Date certificate is received.) (This MUST be signed.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 23, 1920 (Must always be given.) (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept. 13th, 1920 to Sept. 22, 1920 that I last saw he alive on " " , 1920 and death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows:

~~Consumption~~ (Pulmonary Tuberculosis)

28 (Duration) ..... yrs. 6 mos. ..... ds

Contributory (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds

(Signed) W. D. Green

Sept 23rd, 1920 (Address) Lake Providence

(If no Physician, Registrar must write "No Physician.")
*State the Disease Causing Death, or, in deaths from Violent Causes, 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 L. Prov. La

DATE OF BURIAL Sept. 24, 1920

20 UNDERTAKER Jackie Williams

ADDRESS L. Prov.

Form V. S. No. 2