CERTIFICATE OF DEATH

STATE FILE No. 3227

PERSONAL DATA OF DECEASED

1a. Last Name of Deceased: Marshall
1b. First Name: Virginia
1c. Second Name:
2a. DATE OF DEATH: Month Day Year: 1-19-43
2b. Hour: 4:20 A.M.
3. Sex — Male or Female?: Female
4. Color or Race: Colored
5. Single, Married, Widowed or Divorced: Widow
6a. Name of Husband or Wife:
6b. Age:
7. Date of Birth of Deceased: Feb 16 1888
8. Age of Deceased: Years 54, Months 10, Days 3, If under 1 day: Hours, Minutes
9a. Birthplace (City or town): Lake Providence
9b. (State or Foreign Country): La.
10. Usual Occupation: Laundress
11. Industry or Business:
12. Social Security Number: None
13. If veteran name war:

PLACE OF DEATH 097

14. City or Town — (If outside city or town limits write RURAL): Shreveport
15. Parish and Ward No.: Caddo 4
16. Length of Stay in this Community (Yrs. months or days): Since About 1912
17. Name of Hospital or Institution (If not in hospital or institution give street no. or location):
18. Length of Stay in Hospital or Institution (Y., months or days):

USUAL RESIDENCE OF DECEASED 097

19. City or Town — (If outside city or town limits write RURAL): Shreveport
20. Parish and Ward No.: Caddo 4
21. State: La.
22. Street Address — If rural give location: 1947 Poland St.
23. Is deceased a citizen of a foreign country? If yes, name country:

PARENTS

24. Name of Father: Jake Bretimore
25. Birthplace of Father: ??? Miss.
26. Name of Mother: Ortesia Moore
27. Birthplace of Mother: Lake Providence, La.

INFORMANT'S CERTIFICATION

I certify that the above stated information is true and correct to the best of my knowledge.
28. Signature of Informant: Alvie Dupree
29. Date of Signature: 1-19-43

CAUSE OF DEATH 094 083a

30. Immediate Cause of Death: Cerebral hemorrhage — Duration:
Due to, or as a consequence of:
31. Due to: Arteriosclerosis — Duration:
32. Other Conditions (Include pregnancy within three months of death) — Duration:

33. Major Findings of Operations:
34. Major Findings of Autopsy:

DEATHS DUE TO EXTERNAL VIOLENCE

35. Accident, Suicide, or Homicide (Specify)
36. Date of Occurrence
37. Where did injury occur? (City or town, parish and state)
38. Did injury occur in or about home, on farm, in industrial or public place? (Specify type of place)
39. Did injury occur at work? (Yes or No)
40. Means of Injury

PHYSICIAN'S CERTIFICATION

41. I certify that I attended the deceased From ... To ... and that death occurred on the date and hour stated above.
42. Signature of Physician: Charles F. Boone M.D.
43. Date of Signature: 1-20-43

FUNERAL DIRECTOR'S CERTIFICATION

44. Burial, Cremation, Removal, Receiving Vault: 1-22-43
45. Name of Cemetery or Crematory: Mt. Olivet
46. Signature of Funeral Director: C. L. Coffey Jr.
47. Signature of Local Registrar: W. J. Landridge

In accordance with the U. S. Standard Certificate of Death