

MARGIN RESERVED FOR BINDING.

V. S. No. 98

N. B.—WRITE FAINTLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGF 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 Orleans
 Police Jury Ward 30
 Village Frenchmen
 or
 City

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics
 CERTIFICATE OF DEATH

SEP 26 1928

Registration District No. 18-5172

File No. 21
 (1, 2, 3, etc., in the order Certificates are filed.)

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

Registered No. 10264
 (To be given in Central Bureau.)

No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of Street and Number.)

FULL NAME Clara Atlas

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred? yrs. mos. ds. How long in U.S. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Female
 4 COLOR OR RACE CW
 5 Single, Married, Widowed or Divorced (write the word) Widow

5a If married, widowed, or divorced
 HUSBAND of King Atlas
 (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day, hrs or min.
65

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Mid-wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of Employer

9 BIRTHPLACE (city or town) (State or country) La

10 NAME OF FATHER Moses Erans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Miss

12 MAIDEN NAME OF MOTHER Lucie Erans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Louis Atlas
Lafayette Avenue

15 Filed 7/5 19 28 Mrs. R Beel
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 5 28
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1 1928 to July 5 1928
 that I last saw her alive on July 5 1928
 and that death occurred, on the date stated above, at 30 yr.

The CAUSE OF DEATH was as follows:
Shock - Fractured base skull -
accidental run over by
automobile
 (Signed) W. H. Haevelly M. D.
 (Address) 506 Poydras St.
 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy?

What test confirmed diagnosis?
 (Signed) W. H. Haevelly M. D.

(Address) 506 Poydras St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calvarish 7/6 1928

20 UNDERTAKER R Beel Sping