

FEB -9 1938

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics
CERTIFICATE OF DEATH

1-PLACE OF DEATH
 Parish Cass Carroll
 Ward #2 District No. 18.5172 File No. 31
 City Lake Providence Registered No. 554
 Town No. 1 St. _____ Ward _____
 (If death occurred in a Hospital or Institution, give its Name instead of Street and Number.)

2-FULL NAME Lussie Atlas
 (a) Residence. No. Hoods Lane St. _____ Ward _____
 Length of residence in city or town where death occurred 60 yrs. 10 mos. 2 ds. How long in U. S.; of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE Col.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 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.
 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 or started on this occupation (month, day, and year) Feb. 1937
 11. Total time (years, months, and days) spent in this occupation 40 yrs.
 12. BIRTHPLACE (city or town) (State or Parish) Shelburn La.
 13. NAME John Lee
 14. BIRTHPLACE (city or town) (State or Parish) do not know
 15. MAIDEN NAME _____
 16. BIRTHPLACE (city or town) (State or Parish) _____
 17. INFORMANT L. B. Atlas
 (Address) Route 1 Box 166 Lake Providence, La.
 18. BURIAL, CREMATION, OR REMOVAL Place buried Date Jan 31, 1938
 19. UNDERTAKER Maestrie Funeral Home
 (Address) Lake Providence
 20. FILED 1-30 1938 Mrs. R. Reed

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 1938
 I last saw her alive on Jan 19 1938 death is said to have occurred on the date stated above, at 3 A.M.
 The principal cause of death and related causes of importance in order of causal sequence, as follows:
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 cause (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____
 Where did injury occur? _____ (Specify city or town, parish, and State)
 Specify whether injury occurred in industry, in home, or in public place _____
 Name of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 (Signed) J. Hopkins
 (Address) Lake Providence La.

MARGIN RESERVED FOR R.P.DING.

Form V. A. 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.