mopus

19-5180

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1—PLACE OF DEATH,

Parish E. Feliciana

Police Jury Ward

Village Jackson

or

City La

Registration District No. 19

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

File No.
(1, 2, 3, etc., in the order [illegible])

19379

Registered No.
(To be [illegible] Central Bureau.)

DEC 5

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

9150 ✓

2 FULL NAME Angeline Atlas

(a) Residence. No. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

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

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer

(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)

10 NAME OF FATHER

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

12 MAIDEN NAME OF MOTHER

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

14 Informant

(Address)

15 Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 27 (Month) (Day) 16

17 I HEREBY CERTIFY, That I attended deceased from Mar 2, 19 to Mar 27, 19

that I last saw her alive on 11 27 19

and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Anemia of [illegible] [illegible]

J Autopsy —

(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? no Date of

Was there an autopsy? yes —

What test confirmed diagnosis?

(Signed) [illegible]

, 19 (Address)

*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

Jackson

20 UNDERTAKER ADDRESS