

JUN 10 1926

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics
CERTIFICATE OF DEATH

1—PLACE OF DEATH

Parish East Carrouge

Police Jury Ward 3rd

Village

City Lake Providence

Registration District No. 18 2118

File No. 5967

(1, 2, 3, etc., in the order Certificates are filed.)

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

Registered No. 5967

(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.)

2—FULL NAME Sarah Atlas

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ yr. _____ mos. _____ ds. How long in U.S.; (If non-resident give city or town and State) of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE col 5 Single, married, Widowed or Divorced (write the word) Widow

5a 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. 75

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(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 MARRIAGE OF MOTHER _____

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

14 Informant Rachel Johnson (Address) Lake Providence La

15 Filed 5/25, 19 26 Mrs R Reel Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 25 19 26
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926 my 26 1926 that I last saw her alive on May 24, 1926

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Myocarditis Acute
90 lb
(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? no

What test confirmed diagnosis? Clinical
(Signed) John G. Brown M. D.
5/21, 1926 (Address) Lake Providence La

*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) Lake Providence La May 25 19 26

20 UNDERTAKER John Williams ADDRESS L. Providence La

MARGIN RESERVED FOR BINDING.

V. S. No. 88 N. B. WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every 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.

PARENTS