

NOV 14 1916 LOUISIANA STATE BOARD OF HEALTH
 DEC 13 1916

LOUISIANA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH
 Parish Orleans
 Police Jury Ward Six
 Village Burgston
 or
 City _____ (No. _____ St. _____ Ward _____)
 Registration District No. 1610
 (For deaths outside an incorporated town, write X after its District No.)
 Primary Registration District No. _____
 (Applies only to an incorporated town.)
 File No. 13
 (1, 2, 3, etc., in the order Certificates are filed.)
 Registered No. 11219
 (To be given in Central Bureau.)
 2 FULL NAME Charlotte Mahoney
 (If death occurred in a hospital or institution, give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE Negro
 (Write White or Col.)
 5 Single
 Married
 Widowed
 or Divorced
 (Write the word)
 6 DATE OF BIRTH _____, 19____
 (Month) (Day) (Year)
 7 AGE (If in doubt, write "about" years) 76 yrs. _____ mos. _____ ds. or _____ wks.
 IF LESS than 1 day _____ hrs.

8 OCCUPATION Housewife
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)
 9 BIRTHPLACE Don't know
 (City or Town, State or foreign country)
 PARENTS
 10 NAME OF FATHER _____
 11 BIRTHPLACE OF FATHER _____
 (City or Town, State or foreign country)
 12 MAIDEN NAME OF MOTHER _____
 13 BIRTHPLACE OF MOTHER _____
 (City or Town, State or foreign country)

14 The above is true to the best of my knowledge.
 (Informant) E. A. Carlisle
 (Address) _____

15 Filed Nov - 28, 1916 M. J. Scott
 (Date certificate is received)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 26, 1916
 (Must always be given.) (Month) (Day) (Year)
 17 I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____
 that I last saw him _____ alive on _____, 19____
 and death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
Heart failure

Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) E. A. Carlisle
Nov - 28, 1916. (Address) Burgston

(If no Physician, Registrar must write "No Physician.")
 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury, (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (or Hospitals, Institutions, Transient or Recent Residents)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Friendship Church DATE OF BURIAL Nov 27 1916
 20 UNDERTAKER _____ ADDRESS _____

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 B.—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.