

MARGIN RESERVED FOR BINDING.

Form V. S. No. 1

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.

1-PLACE OF DEATH

Parish Dejeux
Ward _____
City _____
or _____
Town _____

District No.

APR 13 1932
16-5151
16-5152

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 26
(1, 2, 3, etc., in the order Certificates are filed.)
Registered No. 2642
(To be given in Central Bureau.)

2-FULL NAME

County Gillard

(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.; of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE the word) C

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

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

7. AGE 59 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SALES- MAN, BOOKKEEPER, etc. House work
9. Industry or business in which work was done, as cotton gin, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years, month, and day) spent in this occupation _____

11a. Veteran past wars _____ (yes or no) _____ (name war) _____

12. BIRTHPLACE (city or town) La
(State or Parish) _____

FATHER 13. NAME Dout Kroon

14. BIRTHPLACE (city or town) _____
(State or Parish) _____

MOTHER 15. MAIDEN NAME Dout Kroon

16. BIRTHPLACE (city or town) _____
(State or Parish) _____

17. INFORMANT Ed Theys
(Address) Manfred Rd

18. BURIAL, CREMATION, OR REMOVAL Manfred Rd
Place 2/30 32 Date

19. UNDERTAKER Manfred Rd
(Address) _____

20. FILED 3-7-32
Date

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1932 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1
1931 to _____ 1932

I last saw her alive on Feb _____ 1932 death is said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma of Cervix
Date of onset _____

Contributory causes of importance not related to principal cause: Continuous Menstruation
Prone uterus

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1932

Where did injury occur? _____ (Specify city or town, parish, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. J. Jones

(Address) Manfred Rd La