

MARGIN RESERVED FOR BINDING.

Form V. S. 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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
1—PLACE OF DEATH					LOUISIANA STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH	
Parish <u>Rapides</u>					MAR 11 1930	
Police Jury Ward _____					Ward District No. _____	
City <u>Alexandria</u>					File No. _____ (1, 2, 3, etc., in the order Certificates are filed.)	
or _____					Registered No. <u>2403</u> (To be given in Central Bureau.)	
Town _____					No. _____ St. _____ Ward _____ (If death occurred in a Hospital or Institution, give its Name instead of Street and Number.)	
2—FULL NAME <u>Mrs Bettie Wright</u>						
(a) Residence. No. <u>1534 4th St</u> St. _____ Ward _____ (Usual place of abode)						
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S.; of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)						
3 SEX <u>Female</u>					16 DATE OF DEATH <u>July 8 1930</u> (Month) (Day) (Year)	
4 COLOR OR RACE <u>White</u>					17 I HEREBY CERTIFY, That I attended deceased from <u>July 20 1930</u> that I last saw her alive on <u>July 4th 1930</u> and that death occurred, on the date stated above, at <u>8 P 30</u> m.	
5 Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>					The CAUSE OF DEATH* was as follows: <u>acute Cordose Dehela</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____					CONTRIBUTORY <u>Dr. Blaney</u> (duration) _____ yrs. mos. ds.	
6 DATE OF BIRTH (month, day, and year) _____					18 Where was disease contracted if not at place of death? _____	
7 AGE Years <u>73</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.					Did an operation precede death? <u>no</u> Date of _____	
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 _____					Was there an autopsy? <u>yes</u>	
9 BIRTHPLACE (city or town) _____ (State or country) <u>Ark</u>					What test confirmed diagnosis? <u>Diurnal</u> (Signed) <u>J. Blaney</u> M. D. , 19 _____ (Address) <u>Ark La</u>	
10 NAME OF FATHER <u>Tom Adkinson</u>					*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.)	
11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>Ark</u>					19 PLACE OF BURIAL, CREMATION, OR REMOVAL. DATE OF BURIAL <u>2/13 1930</u>	
12 MAIDEN NAME OF MOTHER <u>Mary Adams</u>					20 UNDERTAKER <u>Hixson Bros</u> ADDRESS <u>Alexandria La</u>	
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Ark</u>					14 Informant _____ (Address) _____	
15 Filed <u>2-9-</u> _____ Registrar <u>J. Blaney</u>						