

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.

1—PLACE OF DEATH

Parish St. Mary
 Word 3
 City _____
 or _____
 Town _____

OCT 13 1937

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics
 CERTIFICATE OF DEATH

District No. 57-3493 File No. _____
 (1, 2, 3, etc., in the order Certificates are filed.)
 Registered No. 12391
 (To be given in Central Bureau.)

2—FULL NAME

George Alexander
 (a) Residence. No. R.F.D. Frankles 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE IN WORD) <u>widowed</u>
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year)		
7. AGE <u>79</u>	Years	Months Days
8. Trade, profession, or particular kind of work done, as SAWYER, BOOKKEEPER, etc.		<u>Laborer</u>
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
11a. Veteran past wars. <u>No</u> (yes or no) (name war) _____		
12. BIRTHPLACE (city or town) <u>St. Martinville</u> (State or Parish) <u>St. Mary</u>		
13. NAME <u>George Alexander</u>		
14. BIRTHPLACE (city or town) _____ (State or Parish) _____		
15. MAIDEN NAME <u>Georgia Davis</u>		
16. BIRTHPLACE (city or town) <u>St. Martinville</u> (State or Parish) _____		
17. INFORMANT <u>Henry Alexander</u> (Address) <u>R.F.D. Frankles</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Peter Cemetery</u> Date <u>Sept 28, 1937</u>		
19. UNDERTAKER <u>J. Charles A. M. Acrist</u> (Address) <u>Frankles, La.</u>		
20. FILED _____, 19 _____, _____ Registrar. <u>W. J. D. Bell</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to Sept 28, 1937

I last saw him alive on Sept 25, 1937, death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance in order of onset were as follows:
Malignancy of Prostate
Chronic Nephritis

Contributory causes of importance not related to principal cause:
Chronic Cystitis

Name of operation No 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 _____ 19____
 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. D. Bell M.D.
 (Address) Frankles, La.

CERTIFIED TRUE COPY

May 31 2016

Beth Davis

ARCHIVES RESEARCH