

MARGIN RESERVED FOR BINDING.

V. S. No. 88

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.

PLACE OF DEATH

Parish: *East Feliciana*

Police Jury Ward: *8*

Village: *Mossblom*

City: \_\_\_\_\_

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics  
CERTIFICATE OF DEATH

Registration District No. *19-5755*

Primary Registration District No. \_\_\_\_\_

City: \_\_\_\_\_

2—FULL NAME *Mrs. M. J. Woodruff*

(a) Residence. No. \_\_\_\_\_

Length of residence in city or town when death occurred

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

6a IF MARRIED, WIDOWED, OR DIVORCED AS HUSBAND OF (or) WIFE OF \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) *Sept 17 - 1848*

7 AGE *76* Years *3* Months *14* Days *1* Hour *15* Min.

8 OCCUPATION OF DECEASED *Housewife*

- (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) *La.*

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_

14 Informant (Address) *Dr. J. H. Woodruff*

15 Filed *4/10/1925* Registrar *W. R. Bennett*

File No. *7*

Registered No. *3171*

Registered No. \_\_\_\_\_

City: \_\_\_\_\_

Ward \_\_\_\_\_

How long in U.S. of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 31 1925*

17 I HEREBY CERTIFY that I attended deceased from *Nov 25 1925* to *Nov 31 1925* and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH was as follows: *apoplexy*

CONSENTED TO BY (duration) *100* yrs. mos. ds. *6*

18 Where was disease contracted (duration) yrs. mos. ds. \_\_\_\_\_

19 Did an operation precede death? Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? *Dr. J. H. Woodruff*

Signed *W. R. Bennett*

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL \_\_\_\_\_

20 UNDERTAKER *W. R. Bennett* ADDRESS \_\_\_\_\_

1925

JUL 10 1939

28- --  
30-095B  
51-19-15  
50-  
56-19-15

Mrs. C. N. Andrews, mother of Sheriff C. H. Andrews of East Feliciana, died at her home in Clinton at 12:10 p. m. today following a three-week illness. She was 81 years old. *53-39*  
Mrs. Andrews was the former Elizabeth J. Rowley of Clinton. She was born and reared in this section.  
Surviving are her husband, a planter; four children, C. H. of Alexandria, Mrs. G. A. Kent and W. D. and C. H., all of Clinton; six grandchildren and one great-grandchild.  
Funeral arrangements were not announced.

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1—PLACE OF DEATH

LOUISIANA STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Parish *Calcasieu*

District No. *19-5179a*

File No. *7669*

City *Blanchine*

Registered No. *7669*

(To be given in Central Bureau.)

Town *Blanchine*

St. *Blanchine*

2—FULL NAME *Miss S. M. Campbell*

(a) Residence. No. *Blanchine* (If death occurred in a Hospital or Institution, give its Name instead of Street and Number)

Ward *939*

Length of residence in city or town where death occurred. *Yes*  *No*

How long in U. S. of foreign birth. *Yes*  *No*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. STATE MARRIED UNMARRIED OR DIVORCED (WRITE THE WORD)

22. DATE OF DEATH (month, day, and year) *June 23, 1939*

5a. If married, widowed, or divorced HUSBAND or WIFE of *S. M. Campbell*

22. I HEREBY CERTIFY, That I attended deceased from *8:30 to 9:00 a.m.* on *June 23, 1939*. Death is said to have occurred on the date stated above, at *12:10 p.m.*

6. DATE OF BIRTH (month, day and year) *July 1, 1887*

The principal cause of death and related cause of importance in order of onset were as follows: *Chronic myeloid leukemia*

7. AGE *51* Years *11* Months *1* day *17* hrs.

23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide: \_\_\_\_\_ Date of injury: *19*

8. Trade, profession, or kind of work done, as SAW-YEAR, BOOKKEEPER, etc. *Housewife*

24. Was disease or injury in any way related to occupation of deceased? *No*

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. \_\_\_\_\_

25. Was there an autopsy? *No*

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

26. Was there an autopsy? *No*

11a. Veteran past wars \_\_\_\_\_ (Yes or no) (name war) \_\_\_\_\_

27. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

12. BIRTHPLACE (city or town) *La* (State or Parish) \_\_\_\_\_

28. What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *No*

13. NAME \_\_\_\_\_

29. Where did injury occur? \_\_\_\_\_ (Specify city or town, parish, and State)

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or Parish) \_\_\_\_\_

30. Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

31. Name of injury \_\_\_\_\_

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or Parish) \_\_\_\_\_

32. Nature of injury \_\_\_\_\_

17. INFORMANT *[Signature]* (Address) \_\_\_\_\_

33. Name of informant \_\_\_\_\_

18. BURIAL, CREMATION OR REINTERMENT Place *St. Mary's Catholic Church* Date *6/28/39*

34. Name of burial, cremation or reinterment \_\_\_\_\_

19. UNDERTAKER *[Signature]* (Address) \_\_\_\_\_

35. Name of undertaker \_\_\_\_\_

20. FILED *[Signature]* (Address) \_\_\_\_\_

36. Name of filer \_\_\_\_\_

IMPORTANT! This is a Permanent Record. Use Black Typewriter Ribbon or Black Ink.

BIRTH No. \_\_\_\_\_

STATE OF LOUISIANA  
CERTIFICATE OF DEATH

STATE No. \_\_\_\_\_  
FILE \_\_\_\_\_

13 703

PERSONAL DATA OF DECEASED

1a. Last Name of Deceased <b>Andrews</b>	1b. First Name <b>Betty</b>	1c. Second Name <b>May</b>	2a. Month <b>Oct.</b>	2b. Day <b>23</b>	2c. Year <b>1955</b>	2d. Hour <b>4:50 A.M.</b>
3. Sex -- Male or Female <b>Female</b>	4. Color or Race <b>White</b>	5. Single, Married, Widowed, or Divorced <b>Married</b>	6a. Name of Husband or Wife <b>Joseph Andrews</b>	6b. Age <b>U</b>		
7. Date of Birth of Deceased <b>Unknown</b>	8. Age of Deceased <b>67</b>	9a. Birthplace (City or town) <b>Somerset</b>	9b. (State or Foreign Country) <b>Kentucky</b>			
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. Kind of Industry or Business	11. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)				

PLACE OF DEATH

12a. City or Town—(If outside corporate limits write RURAL) <b>Jackson</b>	12b. Parish and Ward No. <b>E. Feliciana 3</b>	12c. Length of Stay in this Place <b>3-7-8</b>
12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) <b>East Louisiana State Hospital</b>	12e. Length of Stay in Hospital or Institution <b>3-7-8</b>	

USUAL RESIDENCE OF DECEASED

13a. City or Town—(If outside corporate limits write RURAL) <b>New Orleans</b>	13b. Parish and Ward No. <b>Orleans</b>	13c. State <b>Louisiana</b>
13d. Street Address—(If rural give location) <b>1178 Florida Boulevard</b>	14. Citizen of what Country <b>U. S. A.</b>	

PARENTS

15a. Name of Father <b>Unknown</b>	15b. Birthplace of Father <b>Kentucky</b>	15c. Maiden Name of Mother <b>Unknown</b>	15d. Birthplace of Mother <b>Missouri</b>
17a. Signature of Informant <i>[Signature]</i>		17b. Date of Signature <b>Oct. 23, 1955</b>	

INFORMANT'S CERTIFICATION

I certify that the above stated information is true and correct to the best of my knowledge.

CAUSE OF DEATH

Enter only one cause per line for (a), (b) and (c)

*\* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complications, so that caused death.*

18. Disease or Condition Directly Leading to Death (a) **Bronchopneumonia**

Antecedent Causes **Due to (b) \_\_\_\_\_**

Diseases or conditions, if Due to (b) any, giving rise to the above cause (a) including the underlying cause last. **Due to (c) \_\_\_\_\_**

Other Significant Conditions related to the disease or condition causing death. **Diplocephalitis**

19a. Date of Operation \_\_\_\_\_

19b. Major Findings of Operation \_\_\_\_\_

20. Autopsy  Yes  No

DEATHS DUE TO EXTERNAL VIOLENCE

21a. Accident, Suicide, or Homicide (Specify)	21b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. City, Town, or Ward No.	21d. Time (Month) (Day) (Year)	21e. Injury Occurred	21f. How did injury occur?
				White at <input type="checkbox"/> M. <input type="checkbox"/> Not White <input type="checkbox"/>	

PHYSICIAN'S CERTIFICATION

22. I certify that I attended the deceased from \_\_\_\_\_ and that death occurred on the date and hour stated above.

23a. Signature of Physician  
*[Signature]*

23b. Date of Signature  
**10/23/55**

FUNERAL DIRECTOR'S CERTIFICATION

24a. Burial . . . . . Date thereof **Nov. 9, 1955**

24b. Name and Location of Cemetery or Crematory  
**Potter's Field, New Orleans, La.**

24c. Signature and Address of Funeral Director  
**Chas Betz & Son, New Orleans, La.**

BURIAL TRANSIT PERMIT

25. Burial Transit Permit Number **367-9**

26. Parish of Issue **East Feliciana**

27. Date of Issue **Nov. 9, 1955**

28. Signature of Registrar  
*[Signature]*

IMPORTANT! This is a Permanent Record. Use Typewriter or Ink. For Typewriter Set Tabs

LOUISIANA STATE DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH STATISTICS

CERTIFICATE OF DEATH

STATE NO. 9 284  
FILE

PERSONAL DATA OF DECEASED

1a. Last Name of Deceased **ANDREWS** 1b. First Name **JAMES** 1c. Second Name **MANGUM** 2a. Month **8** 2b. Day **26** 2c. Year **1946** 2d. Hour **8:00 P.M.**

3. Sex — Male or Female? **Male** 4. Color or Race **White** 5. Single, Married, Widowed or Divorced **Widowed** 6a. Name of Husband or Wife **Baton Rouge** 6b. Age **77**

7. Date of Birth of Deceased **Feb. 1 - 1869** 8. Age of Deceased **77** 9a. Birthplace (City or town) **Baton Rouge** 9b. (State or Foreign Country) **Louisiana**

10. Usual Occupation **Farmer** 11. Industry or Business **Farming** 12. Social Security Number **---** 13. If veteran name war **---**

PLACE OF DEATH

14. City or Town — (If outside city or town limits write RURAL) **Rural** 15. Parish and Ward No. **W. Feliciana - 5** 16. Length of Stay in this Community (Yes, months or days) **50 years**

17. Name of Hospital or Institution (If not in hospital or institution give street no. or location) **---** 18. Length of Stay in Hospital or Institution (Yes, months or days) **---**

USUAL RESIDENCE OF DECEASED

19. City or Town — (If outside city or town limits write RURAL) **Rural** 20. Parish and Ward No. **W. Feliciana - 5** 21. State **Louisiana**

22. Street Address — (If rural give location) **near - Clinton, Louisiana** 28. Is deceased a citizen of a foreign country? If yes, name country **---**

PARENTS

24. Name of Father **Jas. Andrews** 25. Birthplace of Father **Don't know** 26. Name of Mother **Lizzie Mangum** 27. Birthplace of Mother **Don't know**

28. Signature of Informant **A. Mangum** 29. Date of Signature **Aug. 27th. 1946**

INFORMANT'S CERTIFICATION

I certify that the above stated information is true and correct to the best of my knowledge.

30. Immediate Cause of Death **Myocardial Infarction, severe type**

31. Due to **Arteriosclerosis**

Duration **---**

CAUSE OF DEATH

32. Other Conditions (Include pregnancy within three months of death) **---**

33. Major Findings of Operations **---**

34. Major Findings of Autopsy **---**

DEATHS DUE TO EXTERNAL VIOLENCE

35. Accident, suicide, or Homicide, or Homicide (Specify) **---** 36. Date of Occurrence **---** 37. Where did injury occur? (City or town, parish and state) **---**

38. Did injury occur in or about home, on farm, in industrial or public place? (Specify type of place) **---** 39. Did injury occur at work? (Yes or No) **---** 40. Means of Injury **---**

PHYSICIAN'S CERTIFICATION

41. I certify that I attended the deceased, from **---** and that death occurred on the date and hour stated above. 42. Signature of Physician **---**

44. Burial **---** Date thereof **8/27/46** 45. Place of Burial or Cremation **Clinton, La.** 46. Signature of Funeral Director **---** 47. Signature of Local Registrar **---**

FUNERAL DIRECTORS CERTIFICATION

48. Signature of Local Registrar **---**

49. Signature of Funeral Director **---**

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In cooperation with the U. S. Department of Commerce—Bureau of the Census

SEP 9 1946-29-1946.