

STATE OF LOUISIANA

THIS RECORD IS VALID FOR DEATH ONLY

COPY

827015

LOUISIANA STATE DEPARTMENT OF HEALTH DIVISION OF PUBLIC HEALTH STATISTICS		CERTIFICATE OF DEATH		STATE NO. 7 237 FILE NO.	
1a. Last Name of Deceased Alford		1b. First Name Jeptha		1c. Second Name Martin	
2. Sex — Male or Female? Male		4. Color or Race White		5. Single, Married, Widowed or Divorced Widowed	
7. Date of Birth of Deceased July 22, 1862		8. Age of Deceased (If under 1 day, specify hours, minutes, seconds) 85 10 4		9a. Birthplace (City or town) Mt. Herman	
10. Usual Occupation Farmer		11. Industry or Business		12. Social Security Number	
14. City or Town — (If outside city or town limits write RURAL) Mt. Herman		15. Parish and Ward No. Washington		16. Length of Stay in this Community (In months or days) Life	
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 (In months or days)		19. (State or Foreign Country) Louisiana	
18. City or Town — (If outside city or town limits write RURAL) Mt. Herman (Rural)		20. Parish and Ward No. Washington		21. State Louisiana	
22. Street Address — (If rural give location)		23. Is deceased a citizen of a foreign country? If yes, name country		24. Name of Father Johnnie Alford	
25. Birthplace of Father Georgia		26. Name of Mother Rozey Bramfield		27. Birthplace of Mother Unknown	
I certify that the above stated information is true and correct to the best of my knowledge.		28. Signature of Informant <i>Jeptha Alford</i>		29. Date of Signature May 26, 1948	
30. Immediate Cause of Death Broncho Pneumonia		31. Due to Hypertensive Heart Disease		32. Other Conditions (Include pregnancy within three months p. death) Seizure	
33. Major Findings of Operations		34. Major Findings of Autopsy		35. Duration 36 hrs	
36. Accident, Suicide, or Homicide (Specify)		37. Date of Occurrence		38. Where did injury occur? (City or town, parish and state)	
39. Did injury occur in or about home, or car, in restaurant or public place? (Specify type of place)		40. Did injury occur at work? (Yes or No)		41. Manner of Injury	
42. I certify that I attended the deceased and that death occurred on the date and hour stated above.		43. Signature of Physician <i>Albert R. Lee</i>		44. Date of Signature May 27, 1948	
45. Burial [] Date of Burial Cremation [] Date of Cremation Removal [] Date of Removal 5/27/48		46. Place of Burial or Cremation Washington, La.		47. Signature of Funeral Director <i>J. F. Cook</i>	
48. Signature of Local Registrar <i>Hubert E. Cannon</i>		49. Parish of Issue Washington		50. Date of Issue 5/27/48	
51. Burial Transit Permit Number # 1662		52. Date of Issue		53. Date of Issue JUN 8 1948	

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



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA — R.S. 40:32, ET SEQ.

William H. Barlow
STATE REGISTRAR