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Louisiana State Department of Health
Division of Public Health Statistics

CERTIFICATE OF DEATH

State File No. G 324

PERSONAL DATA OF DECEASED	1a. Last Name of Deceased Gillard		1b. First Name Charlie		1c. Second Name		2a. Month Day Year Jan 5, 1949		2b. Hour 1:30 P.M.	
	3. Sex — Male or Female? Male		4. Color or Race Colored		5. Single, Married, Widowed or Divorced Widow		6a. Name of Husband or Wife		6b. Age	
	7. Date of Birth of Deceased August 4, 1862		8. Age of Deceased Years 86 Months 5 Days 1		9a. Birthplace (City or town) Frierson,		9b. (State or Foreign Country) Louisiana			
	10. Usual Occupation Farming		11. Industry or Business		12. Social Security Number None		13. If veteran, name war			
PLACE OF DEATH	14. City or Town—(If outside city or town limits write RURAL) Wessdale Shreveport, Rural				15. Parish and Ward No. Red River, 4#		16. Length of Stay in this Community (Years, months or days) 25 Years			
	17. Name of Hospital or Institution (If not in hospital or institution give street no. or location) None				18. Length of Stay in Hospital or institution (Years, months or days)					
USUAL RESIDENCE OF DECEASED	19. City or Town—(If outside city or town limits write RURAL) Wessdale Shreveport, (Rural)				20. Parish and Ward No. Red River, #		21. State Louisiana			
	22. Street Address—(If rural give location) R.F.D. I# Box 343				23. Is deceased a citizen of a foreign country? If yes, name country No					
PARENTS	24. Name of Father Jake Gillard.		25. Birthplace of Father Louisiana		26. Name of Mother Harrett Gillard		27. Birthplace of Mother Alabama			
	28. Signature of Informant <i>H. N. Guipmeyer, M.D.</i>		29. Date of Signature							
INFORMANT'S CERTIFICATION	30. Immediate Cause of Death <i>Multiple fractures of body.</i>		Duration <i>instant</i>							
	31. Due to <i>Automobile accident</i>		Duration <i>instant</i>							
	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 (Specify) <i>Accident</i>		36. Date of Occurrence <i>1-5-49</i>		37. Where did injury occur? (City or town, parish and state) <i>Highway 30 Louisiana</i>					
	38. Did injury occur in or about home, on farm, in industrial or public place? (Specify type of place) <i>Public</i>		39. Did injury occur at work? (Yes or No) <i>No</i>		40. Means of Injury <i>Auto accident</i>					
PHYSICIAN'S CERTIFICATION	41. I certify that I attended the deceased, and that death occurred on the date and hour stated above: From <i>11:49 AM</i> To <i>1:30 PM</i>		42. Signature of Physician <i>H. N. Guipmeyer, M.D.</i>		43. Date of Signature <i>1-6-49</i>					
	44. Burial... Date Thereof Cremation... Removal... <i>I/9/49.</i>		45. Place of Burial or Cremation Frierson La.		46. Signature of Registrar <i>H. N. Guipmeyer</i>		47. Signature of Health Officer <i>H. N. Guipmeyer</i>			
BURIAL TRANSIT PERMIT	48. Burial Transit Permit Number 498		49. Parish of Issue Red River		50. Date of Issue 1-7-49					