

STATE OF LOUISIANA
 CERTIFICATE OF DEATH

CITY FILE No. 2962

BIRTH No. _____

PERSONAL DATA
 OF DECEASED

1a. Last Name of Deceased SEYMOUR	1b. First Name EDNA	1c. Second Name FRANCES	2a. Month Day Year 5-9-51	2b. Hour 4:30 P.
3. Sex—Male or Female FEMALE	4. Color or Race WHITE	5. Single, Married, Widowed, or Divorced WIDOW	6a. Name of Husband or Wife Geo. S. Seymour	6b. Age —
7. Date of Birth of Deceased July 1-1884	8. Age of Deceased Years 66 Months 10 Days 9	If under 1 day Hours — Min. —	9a. Birthplace (City or town) NEW ORLEANS LA	9b. (State of Foreign Country) —
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) HOUSEWIFE	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) NO		

PLACE OF DEATH

12a. City or Town—(If outside corporate limits write RURAL) NEW ORLEANS 14	12b. Parish and Ward No. ORLEANS	12c. Length of Stay in this Place LIFETIME
12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) 324 SWIDELL ST.		12e. Length of Stay in Hospital or Institution —

USUAL RESIDENCE
 OF DECEASED

13a. City or Town—(If outside corporate limits write RURAL) NEW ORLEANS 14	13b. Parish and Ward No. ORLEANS	13c. State LA
13d. Street Address—(If rural give location) 324 SWIDELL ST.		14. Citizen of what Country? U.S.A.

PARENTS

15a. Name of Father PETER SMITH	15b. Birthplace of Father GRETN, LA.	16a. Maiden Name of Mother HENA BARNES	16b. Birthplace of Mother NEW ORLEANS LA.
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INFORMANT'S
 CERTIFICATION

I certify that the above stated information is true and correct to the best of my knowledge.	17a. Signature of Informant Wanda B. Seymour	17b. Date of Signature 5-9-51
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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 complication which caused death.

18. I. Disease or Condition Directly Leading to Death* (a) Myelogenous Leukemia	Interval Between Onset and Death 1 year
Antecedent Causes Diseases or conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Due to (b) _____ Due to (c) _____
II. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death.	

19a. Date of Operation 2041	19b. Major Findings of Operation —	20. Autopsy Yes <input type="checkbox"/> No <input type="checkbox"/>
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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. Parish State —
21d. Time (Month) (Day) (Year) of Injury —	21e. Injury Occurred While at <input type="checkbox"/> Not While <input type="checkbox"/> M. Work <input type="checkbox"/> at Work <input type="checkbox"/>	21f. How did injury occur? —

PHYSICIAN'S
 CERTIFICATION

22. I certify that I attended the deceased, From 2/1/51 To 5/9/51 and that death occurred on the date and hour stated above.	23a. Signature of Physician A. F. Brock M.D.	23b. Date of Signature 5/10/51
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FUNERAL
 DIRECTOR'S
 CERTIFICATION

24a. Burial . . . <input checked="" type="checkbox"/> Date Thereof Cremation . . . <input type="checkbox"/> Removal . . . <input type="checkbox"/> 5-11-51	24b. Name of Cemetery or Crematory McDONOUGH CEM	24c. Location (City, town, or parish) GRETN, LA.	25. Signature of Funeral Director WEST SIDE F. H. GRETN, LA. S. Adalberto
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BURIAL TRANSIT
 PERMIT

26. Burial Transit Permit Number 54446	27. Parish of Issue Orleans	Date of Issue MAY 11 1951	29. Signature of Local Registrar B. J. L. L...
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