

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

STATE OF LOUISIANA
CERTIFICATE OF DEATH

STATE FILE No. 7 261

PERSONAL DATA OF DECEASED (Type or print names. Do not use numerals for month of death.)	1a. Last Named of Deceased Lusignan	1b. First Name Sidney	1c. Second Name B.	2a. Month May	2b. Day 1	2c. Year 1959	2d. Hour 9:30
	3. Sex - Male or Female Male	4. Color or Race White	5. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	6a. Name of Husband or Wife		6b. Age	
	7. Date of Birth of Deceased February 9, 1886	8. Age of Deceased Years 73 Months 2 Days 22 If under 24 Hrs. Hours Min.	9a. Birthplace (City and State) Thibodaux, La.	9b. Citizen of what Country U. S. A.			
	10a. Usual Occupation (Give kind of work done during most of working life, even if retired) Electrician(ret.)	10b. Kind of Industry or Business U. S. Naval Station	11. Was Deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		11a. Social Security No.		
PLACE OF DEATH 264	12a. City, Town, or Location GREYNA		12b. Parish JEFFERSON	12c. Length of Stay in this Place 7 years			
	12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) 613 Hancock Street			12e. Is Place of Death inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
USUAL RESIDENCE OF DECEASED (Where deceased lived. If institution: Residence before admission)	13a. City or Town GREYNA		13b. Parish JEFFERSON	13c. State LOUISIANA			
	13d. Street Address--(If rural give location) 613 Hancock Street		13e. Is Residence inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	13f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
PARENTS 264	14a. Name of Father Clovis Lusignan	14b. Birthplace of Father (City or town) Thibodaux, La.	15a. Maiden Name of Mother Mathilde Esteven	15b. Birthplace of Mother (City or town) Thibodaux, La.			
	INFORMANT'S CERTIFICATION I certify that the above stated information is true and correct to the best of my knowledge.		16a. Signature of Informant <i>W. H. ... V. ...</i>		16b. Date of Signature May 1, 1959		
CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) 4200	17. Part I. Death was caused by: Immediate cause (a) Arteriosclerotic Heart Disease with Coronary Occlusion					Interval Between Onset and Death Sudden	
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Due to (b) Occlusion Due to (c) _____ Part II. Other significant conditions contributing to death but not related to the Terminal Disease condition given in Part I (a)					18. Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DEATHS DUE TO EXTERNAL VIOLENCE	19a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		19b. Describe how Injury Occurred. (Enter nature of injury in Part I or Part II of item 17.)				
	19c. Time Of Injury Hour a. m. p. m. Month, Day, Year						
	19d. Injury Occurred While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	19e. Place of Injury (e. g., in or about home, farm, factory, street, office bldg., etc.)		19f. City, Town, or Location	Parish	State	
PHYSICIAN'S CERTIFICATION	20. I certify that I attended the deceased From Coroner's Case To _____ and that death occurred on the date and hour stated above.		21a. Signature of Physician <i>Asst Coroner</i>		21b. Date of Signature 5-2-59		
	22a. Burial... [X] Date Thereof Cremation... [] 5/2/59 Removal... []		22b. Name and Location of Cemetery or Crematory Westlawn Memorial Park, Jefferson Parish, La.		22c. Signature and Address of Funeral Director Mothe F. H., Inc. 1300 Vallette St., N.O. La.		
BURIAL TRANSIT PERMIT	24. Burial Transit Permit Number 26-26-(C.0)		25. Parish of Issue Jefferson		26. Date of Issue May 2, 1959		

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LOUISIANA STATE DEPARTMENT OF HEALTH, DIVISION OF PUBLIC HEALTH STATISTICS

MAY 6 1959

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Sidney B. Lusignan entry, State of Louisiana, Certificate of Death, volume 7, page 261, Louisiana State Archives, Baton Rouge, Louisiana. [Image scanned 5 February 2017 by George L. Buhler Jr., 16034 Glenbrook Knoll Lane, Houston, Texas, 77095, from a certified copy in possession of same.]