

PERSONAL DATA
OF DECEASED

1a. Last Name of Deceased <i>Leger</i>		1b. First Name <i>Armany</i>		1c. Second Name		2a. Month Day Year <i>4-15-53</i>		2b. Hour	
3. Sex - Male or Female <i>male</i>		4. Color or Race <i>white</i>		5. Single, Married, Widowed, or Divorced <i>married</i>		6a. Name of Husband or Wife <i>Neda Brannon</i>		6b. Age <i>41</i>	
7. Date of Birth of Deceased <i>April-13-1910</i>		8. Age of Deceased Years <i>43</i> Months <i>3</i> Days <i>3</i>		If under 1 day Hours <i></i> Min. <i></i>		9a. Birthplace (City or town) <i>Acadia Parish</i>		9b. (State or Foreign Country) <i>La</i>	
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. Kind of Industry or Business <i>cotton</i>		11. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> <i>No</i>					

PLACE OF DEATH

12a. City or Town—(If outside corporate limits write RURAL) <i>Duson</i>		12b. Parish and Ward No. <i>Lafayette</i>		12c. Length of Stay in this Place <i>20 years</i>	
12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) <i>220</i>				12e. Length of Stay in Hospital or Institution <i>no</i>	

USUAL RESIDENCE
OF DECEASED

13a. City or Town—(If outside corporate limits write RURAL) <i>Duson</i>		13b. Parish and Ward No. <i>Lafayette</i>		13c. State <i>La</i>	
13d. Street Address—(If rural give location) <i>none</i>				14. Citizen of what Country <i>USA</i>	

PARENTS

15a. Name of Father <i>Robert Leger</i>		15b. Birthplace of Father <i>Acadia Parish</i>		16a. Maiden Name of Mother <i>Mari Lavergne</i>		16b. Birthplace of Mother <i>Acadia Parish</i>	
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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 <i>Marie Leger</i>		17b. Date of Signature <i>4-15-53</i>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.

18. I. Disease or Condition Directly Leading to Death* (a) <i>Cerebral hemorrhage</i>		Interval Between Onset and Death <i>2 hrs.</i>			
Antecedent Causes Diseases or conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <i>Left sided hemiplegia</i>		<i>3 months</i>			
Due to (c) <i>inalignant hypertension</i>		<i>2 years</i>			
II. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death.					
19a. Date of Operation		19b. Major Findings of Operation		20. Autopsy Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 of Injury (Month) (Day) (Year) (Hour)		21e. Injury Occurred While at <input type="checkbox"/> Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. How did injury occur?	

PHYSICIAN'S
CERTIFICATION

22. I certify that I attended the deceased, From <i>10-20-52</i> To <i>4-15-53</i>		and that death occurred on the date and hour stated above.		23a. Signature of Physician <i>L.P. Kabin MD</i>		23b. Date of Signature <i>4-15-53</i>	
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FUNERAL
DIRECTOR'S
CERTIFICATION

24a. Burial . . . [] Date Thereof Cremation . . . [] <i>4/17/53</i> Removal . . . []		24b. Name and Location of Cemetery or Crematory <i>St. Theresa Cemetery Duson La</i>		25. Signature and Address of Funeral Director <i>Joan Funeral Home St. Amant, Louisiana</i>	
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BURIAL TRANSIT
PERMIT

26. Burial Transit Permit Number <i>01-258</i>		27. Parish of Issue <i>Acadia</i>		28. Date of Issue <i>4-15-53</i>		29. Signature of Local Registrar <i>B. Datz</i>	
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