

**STATE OF LOUISIANA  
CERTIFICATE OF DEATH**

**STATE FILE No. 17 510**

1. Last Name of Deceased <b>Nixon</b>		1a. First Name <b>Albert</b>		1b. Second Name <b>Richard</b>		2a. Month Day Year <b>November 9, 1969</b>		2b. Hour <b>11:30</b>	
3. Sex - Male or Female <b>Male</b>		4. Color or Race <b>White</b>		5. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		6a. Name of Spouse or Wife <b>Elizabeth</b>		6b. Age <b>51</b>	
7. Date of Birth of Deceased <b>April 11, 1898</b>		8. Age of Deceased Years <b>73</b> Months <b>7</b> Days		9a. Birthplace (City and State) <b>Atlantic City, New Jersey</b>		9b. Country of what Country <b>U.S.</b>			
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <b>Ball Player (Retired)</b>		10b. Kind of Industry or Business		11. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give unit or dates of service) <b>No</b>		12. Social Security No.			
13a. City, Town, or Location <b>Lafayette</b>				13b. Parish <b>Lafayette</b>		13c. Length of Stay in this Place <b>3 days</b>			
14a. Name of Hospital or Institution (If not in hospital or institution give street address or location) <b>Lafayette Charity Hospital</b>						14b. Is Place of Death Inside City Limits? <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>			
15a. City or Town <b>Ooelousas</b>				15b. Parish <b>St. Landry</b>		15c. State <b>La.</b>			
16a. Street Address - (If rural give location) <b>1112 East South St.</b>				16b. Is Residence Inside City Limits? <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>		16c. Is Residence on a Farm? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>			
17a. Name of Father <b>Unknown</b>		17b. Birthplace of Father (city or town) <b>Unknown</b>		17c. Maternal Name of Mother <b>Unknown</b>		17d. Birthplace of Mother (city or town) <b>Unknown</b>			
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Informant <b>Mrs. A. Nixon</b>				18b. Date of Statement <b>Nov-9-1969</b>			

19. Part I, Death was caused by: Immediate cause (a) <b>Myocardial Infarction</b>		Interval between Court and Death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Due to (b) <b>Arteriosclerosis</b> Due to (c) <b>Arteriosclerosis</b>		
Part II. Other significant conditions contributing to death but not related to the Terminal Disease condition given in Part I (a)		20. Autopsy <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>

21a. Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>			21b. Describe how injury occurred. (Under nature of injury in Part I or Part II of item 19)		
22a. Time of Hour Month, Day, Year L Injury <b>a.m.</b>					
23a. Injury Occurred While at <input type="checkbox"/> Not While <input type="checkbox"/> Work <input type="checkbox"/> At Work <input type="checkbox"/>		23b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.)		23c. City, Town, or Location <b>Parish</b> <b>State</b>	

24. I certify that I attended the deceased <b>Yes</b>		24a. Date of Statement <b>11-6-69</b>		24b. Date of Death <b>11-9-69</b>		24c. Signature of Registrar <b>W. P. Martin</b>		24d. Date of Statement <b>Nov 11, 1969</b>	
25a. Burial... <input checked="" type="checkbox"/> Date Buried <b>11-10-69</b>		25b. Name of Burial Place <b>St. Joseph's</b>		25c. Name of Burial Place <b>St. Joseph's</b>		25d. Name of Burial Place <b>St. Joseph's</b>		25e. Name of Burial Place <b>St. Joseph's</b>	
26. Burial Permitted by Health Officer <b>28-726C</b>		26a. Name of Health Officer <b>Shurtz</b>		26b. Date of Statement <b>11-6-69</b>		26c. Signature of Health Officer <b>W. P. Martin</b>		26d. Date of Statement <b>Nov 11, 1969</b>	