



Bobby Jindal  
GOVERNOR

Kathy H. Kliebert  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health

Aug 21, 2015

HARDY JR, FLORENT  
540 COLLEGE HILL  
BATON ROUGE, LA 70808

Case # 951036

Dear Customer:

Recently, you wrote to the Louisiana Vital Records Registry in New Orleans and placed an order for one or more vital records. Your order is enclosed herewith.

Please note that **certified copies** of vital records are important documents. They should be stored in a safe place out of direct sunlight. Do not damage or write on original certificates. They may be reused indefinitely unless they have been damaged or altered. A photocopy of a **certified copy** has no legal value and should never be presented or accepted in lieu of the original.

You may order additional copies of the enclosed or other Louisiana vital records by writing to the Vital Records Registry, P.O. Box 60630, New Orleans, LA 70160. Since statutory issuance fees are subject to change each time the Legislature meets, we recommend that you verify fees before placing your order.

It was a pleasure serving you. If we may be of further assistance, please contact us.

Sincerely,

Janice Johnson  
Janice.Taylor@la.gov  
504-593-5190



# STATE OF LOUISIANA

## CERTIFICATION OF VITAL RECORD

4539123

Type/Writer 6 Law		BIRTH NO.		STATE OF LOUISIANA		STATE FILE NO. <b>117</b>	151 2051	
<b>CERTIFICATE OF DEATH</b>								
1A. LAST NAME OF DECEASED <b>PELAFIGUE</b>		1B. FIRST NAME <b>AUGUSTE</b>		1C. SECOND NAME		2A. MONTH DAY YEAR <b>JUNE 6, 1977</b>		2B. HOUR <b>10:00 P.M.</b>
3. SEX—MALE OR FEMALE <b>MALE</b>		4. COLOR OR RACE <b>WHITE</b>		5. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		6. NAME OF HUSBAND OR WIFE <b>NONE</b>		
7. DATE OF BIRTH OF DECEASED <b>JAN. 10, 1888</b>		8. AGE OF DECEASED YEARS MONTHS DAYS HOURS MIN. <b>89</b>		9A. BIRTHPLACE (CITY AND STATE) <b>ARNAUDVILLE, LA.</b>		9B. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
10A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>TEACHER</b>				10B. KIND OF BUSINESS OR INDUSTRY <b>SCHOOL</b>		11. SOCIAL SECURITY NUMBER <b>NONE</b>		
12A. CITY, TOWN, OR LOCATION OF DEATH <b>LA FAYETTE</b>						12B. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
13A. CITY OR TOWN <b>ARNAUDVILLE</b>						13B. PARISH <b>ST. LANDRY</b>		13C. STATE <b>LOUISIANA</b>
13D. STREET ADDRESS—(IF RURAL GIVE LOCATION) <b>GENERAL DELIVERY</b>						13E. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
14. FATHER'S LAST NAME <b>PELAFIGUE</b>		14. FATHER'S FIRST NAME <b>JEAN</b>		14. FATHER'S MIDDLE NAME		15. MOTHER'S LAST NAME <b>PERE</b>		15. MOTHER'S FIRST NAME <b>MELANIE</b>
I certify that the above stated information is true and correct to the best of my knowledge.				16A. SIGNATURE OF INFORMANT <i>Mrs. Murphy Ugh...</i>		16B. DATE OF SIGNATURE <b>JUNE 7, 1977</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR 1A, 1B, AND 1C								
17. 4123		(a) <i>General arteriosclerosis</i> DUE TO, OR AS A CONSEQUENCE OF						
		(b) <i>with arteriosclerotic heart</i> DUE TO, OR AS A CONSEQUENCE OF						
		(c) <i>Disease</i>						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)								
18A. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		18B. DESCRIBE HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 17.)						
19C. TIME OF INJURY HOUR MONTH DAY YEAR								
19D. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		19F. CITY, TOWN, OR LOCATION		19G. PARISH		19H. STATE
20. I CERTIFY THAT I ATTENDED THE DECEASED From <b>1925</b> To <b>1977</b>		and that death occurred on the date and hour stated above <b>June 6, 1977</b>		21A. SIGNATURE OF DECEASED <i>Auguste Pelafigue</i>		21B. DATE OF SIGNATURE <b>June 6, 1977</b>		
22A. Burial... <input checked="" type="checkbox"/> DATE THEREOF <b>6-8-77</b>		22B. NAME AND LOCATION OF CEMETERY OR CREMATORY <b>ST. FRANCIS REGIS CEM.</b>		22C. SIGNATURE AND ADDRESS OF CLERIC <i>James J. Breau</i>		22D. ADDRESS OF LOCAL REGISTRAR <b>FAVIER 247 BREAU BRIDGE, LA.</b>		
24. BURIAL TRANSIT PERMIT NUMBER <b>50-B-128</b>		25. PARISH OF ISSUE <b>St. Martin</b>		26. DATE OF ISSUE <b>6-7-77</b>		27. SIGNATURE OF LOCAL REGISTRAR <i>Marie L. Domingue</i>		

AUG 21 2015



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

Devin George  
DEVIN GEORGE  
STATE REGISTRAR