

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH STATE OF TENNESSEE 153
 County Jackson
 Civil Dist. 15
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)
 Registration District No. 44415 File No. 4
 Primary Registration District No. _____ Registered No. _____
 2 FULL NAME Wid. before name of Richardson
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>January 31, 1920</u> <small>(Month) [Day] [Year]</small>	
6 DATE OF BIRTH <u>January 31, 1920</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____, 191____, that I last saw him alive on _____, 191____ and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows: _____ _____ _____ <small>[Duration] yrs. mos. ds.</small>	
7 AGE <u>Still born</u> <small>yrs. mos. ds.</small>			If LESS than 1 day, _____ hrs. or _____ min.?	
8 OCCUPATION <small>(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)</small>				
9 BIRTHPLACE <small>(State or country)</small> <u>Tennessee</u>				
PARENTS				
10 NAME OF FATHER <u>Nation Richardson</u>			Contributory [SECONDARY] _____ <small>[Duration] yrs. mos. ds.</small>	
11 BIRTHPLACE OF FATHER <small>[State or country]</small> <u>Tennessee</u>			Signed <u>Sarah Scantland</u> , M. D. <u>Jan. 31, 1920</u> Address <u>Haimstons</u>	
12 MAIDEN NAME OF MOTHER <u>Polly Ann Lawson</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER <small>[State or country]</small> <u>Tennessee</u>			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS] At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Nation Richardson</u> [Address] <u>Haimstons, Tenn</u>				
15 Filed <u>Jan 31, 1920</u> <u>Mr. J. M. Cassin</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Lawson cemetery</u> DATE OF BURIAL <u>Feb 1, 1920</u>	
			20 UNDERTAKER <u>Nation Richardson</u> ADDRESS <u>Haimstons</u>	