

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** 169
 County Jackson
 Civil Dist. # 3 Registration District No. 244403 File No. _____
 OR
 Village _____ Primary Registration District No. 11 Registered No. 3
 OR
 City _____ (No. _____) St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Luvenia ~~Richardson~~

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** widowed
 (Write the word)

6 DATE OF BIRTH June 6 1895
 (Month) (Day) (Year)

7 AGE 74 yrs. 7 mos. 7 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. Home Super.
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 4 1920
 (Month) (Day) (Year)

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:
Died without medical attention from an unknown natural cause
 (Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.

PARENTS

10 NAME OF FATHER Mr. Richardson

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER Rhoda Ford

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Charlie Spear
 [Address] Haydenburg Tenn.

15
 Filed March 5 1920 M. H. Dycus
 REGISTRAR

Signed M. H. Dycus Reg. M. D.
Apr. 1920 Address Haydenburg Tenn.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 _____

19 PLACE OF BURIAL OR REMOVAL Draper cemetery **DATE OF BURIAL** _____ 191____

20 UNDERTAKER Arbery Huffines **ADDRESS** Haydenburg Tenn.