STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

278

CERTIFICATE OF DEATH

Registration District No. HH18. File No. 21

Primary Registration District No. Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

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
County Jackson
Civil Dist. 18.
OR
Village
OR
City (No. , St.; Ward)

2 FULL NAME William Everett Richardson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single

6 DATE OF BIRTH: July (Month) (Day) 1914 (Year)

7 AGE: 6 yrs. 3 mos. ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Tenn.

PARENTS

10 NAME OF FATHER: Jim Richardson
11 BIRTHPLACE OF FATHER [State or country]: Tenn.
12 MAIDEN NAME OF MOTHER: Katie Lawson
13 BIRTHPLACE OF MOTHER [State or country]: Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Katie Lawson.
[Address] Gainesboro

15
Filed Oct 28 20 Mrs. J. McCuston, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 24 (Day) 20 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22 1920, to Oct. 23, 1920, that I last saw h[illegible] alive on Oct. 23, 1920 and that death occurred, on the date stated above, at 8 P. M

The CAUSE OF DEATH* was as follows:

[illegible]
Diptheria

[Duration] yrs. mos. ds.

Contributory (SECONDARY)
[Duration] yrs. mos. ds.

Signed Dr. Reece, M. D.
Oct. 2, 1920 Address Gainesboro.

* 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: Jones Cem. DATE OF BURIAL: Oct. 25 1920

20 UNDERTAKER: Bill Dodson ADDRESS: Gainesboro

Form V. S. No. 4 20M Tennessee Industrial School Print.