STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 6357

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)

Registration District No. H 4 H 18

Primary Registration District No.

2 FULL NAME Unnamed Richardson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH May (Month) 18 (Day) 1921 (Year)

7 AGE ~~Years~~ 0 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) Jackson

PARENTS

10 NAME OF FATHER Dayton Richardson

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER Pallie Lawson

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Dayton Richardson

[Address] Gainesboro Tenn.

15

Filed May 1921 Mrs. J. M. Carson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 18 (Day) 1921 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... , 191...,

that I last saw h... alive on ....., 191...

and that death occurred, on the date stated above, at ..... M

The CAUSE OF DEATH* was as follows: 5

..... [Duration] ... yrs. ... mos. ... ds.

Contributory [SECONDARY] S B

..... [Duration] ... yrs. ... mos. 1 ds.

Signed ..... M. D.

....., 191... Address .....

* 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 Lawson Cem. DATE OF BURIAL May 19 1921

20 UNDERTAKER J. A. Lawson ADDRESS Gainesboro Tenn

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