

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		
County <u>Jackson</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>No. 7</u>			Bureau of Vital Statistics		
OR			CERTIFICATE OF DEATH		
Village <u>Hairshard</u>			Registration District No. <u>44402</u>	153373	
OR			Primary Registration District No. <u>2</u>	The No. <u>3</u>	
City _____ (No. _____, St.; _____ Ward)			Registered No. <u>3</u>		
2 FULL NAME <u>Napoleon B. Richmond</u>			[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>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>	16 DATE OF DEATH: <u>June 19</u> , 19 <u>29</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Feb 27</u> , 18 <u>48</u> [Month] [Day] [Year]			17 I HEREBY CERTIFY, That I attended deceased from <u>June 17</u> , 19 <u>29</u> , to <u>June 19</u> , 19 <u>29</u> , (that I last saw him alive on <u>June 19</u> , 19 <u>29</u> , and that death occurred, on the date stated above, at <u>10 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Bacillary Dysentery</u> <u>16 H</u>		
7 AGE <u>81</u> yrs., <u>3</u> mos., <u>22</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?	[Duration] _____ yrs. _____ mos. <u>7</u> ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer 000</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (State or country) <u>Jackson Co Tenn</u>			Signed <u>R. C. Gaud</u> M. D. <u>6/19</u> , 19 <u>29</u> Address <u>Grimes Road</u>		
PARENTS	10 NAME OF FATHER <u>Frank Richmond</u>		State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</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 _____		
	12 MAIDEN NAME OF MOTHER <u>Last name is - Suffiner</u>		19 PLACE OF BURIAL OR REMOVAL <u>Richmonds Cemetery</u> DATE OF BURIAL <u>June 20</u> , 19 <u>29</u>		
13 BIRTHPLACE OF MOTHER [State or country] <u>Supposed Tenn</u>		20 UNDERTAKER <u>A. M. Cawley, act.</u> ADDRESS <u>Hairshard</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] _____ [Address] _____			15 Filed <u>June 20</u> , 19 <u>29</u> <u>Along M. Cawley</u> REGISTERED		