

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

County Jackson  
Civil Dist. No 2  
OR  
Village \_\_\_\_\_  
OR  
City Gainesboro (No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

20153

Registration District No. 44402  
Primary Registration District No. 2

File No. 4  
Registered No. 4

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

2 FULL NAME Willie Carl Richardson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White American 5 SINGLE,  MARRIED,  WIDOWED,  OR DIVORCED (Write the word) Infant

6 DATE OF BIRTH July 27 1928  
(Month) (Day) (Year)

7 AGE 1 yrs. 0 mos. 23 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) 2 mi. S. of Jackson, Tenn.

10 NAME OF FATHER Frank Richardson

11 BIRTHPLACE OF FATHER [State or country] Jackson Co

12 MAIDEN NAME OF MOTHER Ester Mai Wile

13 BIRTHPLACE OF MOTHER [State or country] Jackson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] \_\_\_\_\_  
[Address] \_\_\_\_\_

15 Filed Aug 16 1929 Alonzo McCaulley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 13 1929  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 1929 to Aug 1929, that I last saw him alive on Aug 13 1929 and that death occurred, on the date stated above, at 2:38 M

THE CAUSE OF DEATH\* was as follows:  
Diphtheria dysentery 16c

Contributory [SECONDARY] None [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed C. E. Keenan M. D. Aug 14 1929 Address Gainesboro, 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 Forkum cemetery DATE OF BURIAL Aug 14 1929

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_