

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 1590Registered No. 220

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

PLACE OF DEATH
County Mullebury
Vol. Pct. Inoham
Inc. Town.....
City.....Registration District No. 7D

Primary Registration District No.....

(No. _____ St., _____ Ward)

2 FULL NAME. E. B. Richardson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single Married Widowed or Divorced (Write the word)
6 DATE OF BIRTH <u>April 10 1921</u> (Month) (Day) (Year)	7 AGE <u>62 3 16</u> yrs. mos. ds. IF LESS THAN 1 day ____ hrs. or ____ min?	
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>Miner</u> (b) General nature of industry, business or establishment in which employed (or employer).		
9 BIRTHPLACE (State or country) <u>Ky</u>		
10 NAME OF FATHER <u>E. B. Richardson</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>England</u>		
12 MAIDEN NAME OF MOTHER <u>Jane Richardson</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>England</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Miller
(Address) Inoham 79715 Filed 8/10 1921 J. Kernore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 26 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, THAT I attended deceased from July 1 1921 to July 26 1921, that I last saw him alive on July 25 1921 and that death occurred on the date stated above at ____ m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage(Duration) ____ yrs ____ mos. 3 dsContributor Arteriosclerosis
(Secondary)

(Duration) ____ yrs ____ mos. ____ d.

(Signed) J. H. HARRIS, M. D.
July 27 1921 (Address) Inoham 74

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place ____ in the ____
of death ____ yrs ____ mos. ____ ds. State ____ yrs ____ mos. ____ ds.
Where was disease contracted,

if not at place of death?

Former ____
usual ____ residence19 PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL
Inoham 79 July 27 192120 UNDERTAKER R. J. Beard ADDRESS Inoham 79

SEARCH PRESERVED FOR RECORDS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be 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.