

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. 150

1. PLACE OF DEATH

County Christian

Vot. Pot. _____

Registration District No. 350

Ino. Town _____

Primary Registration District No. 2115

City Hopkinsville Ky. (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Henry Richardson

(a) Residence. No. Nelson Ky. St., _____ (if nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary Harper Richardson

6. DATE OF BIRTH not known

7. AGE Years 34 Months _____ Days _____ If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Kentucky

13. NAME Arthur Richardson

14. BIRTHPLACE Ky.

15. MAIDEN NAME Miss Davis

16. BIRTHPLACE Ky.

17. INFORMANT Mrs. Mattie Harper
(Address) Nelson Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Nelson Ky. Date 2-25-36 1936

19. UNDERTAKER Arthur Mosley
(Address) Central Ky.

20. FILED April 25, 1936 Ruth Bagby
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2-25-36

22. I HEREBY CERTIFY, That I attended deceased from 2-25-36 to 2-25-36, 1936
I last saw him alive on 2-25-36, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

Meningitis otitis media 1936

Contributory causes of importance not related to principal cause:
Acute otitis media Compensated
a chronic mastoiditis

Name of operation None Date of _____
What test confirmed diagnosis? Spinal fluid Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) M. A. Gilman M. D.
(Address) Hopkinsville Ky.

MARGIN RESERVED FOR BINDING

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

CP 7936 10-15-61