

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County *Muhlenberg*

Vol. No. *870*

7138

File No. **11017**

Inc. Town *Central City*

Registered No. *27*

City *Central City* (No. St. Ward)

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

2 FULL NAME *Joseph Franklin Richardson*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *married*

16 DATE OF DEATH *April 26, 1912*
(Month) (Day) (Year)

6 DATE OF BIRTH *November 8, 1840*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *April 26, 1912*, to *April 26, 1912*, that I last saw him alive on *April 26, 1912*, and that death occurred, on the date stated above, at m.

7 AGE *71* yrs. *6* mos. *18* ds. If LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:
Injuries sustained from jumping into a well

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

9 BIRTHPLACE (State or country) *Logan County, Ky.*

(Duration) yrs. mos. ds.
Contributory *Suicide*

10 NAME OF FATHER *George Richardson*

(Duration) yrs. mos. ds.
(Signed) *J. M. Ferguson* M. D.
Apr 27, 1912 (Address) *Central City, Ky.*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER *Susan Marshall*

13 BIRTHPLACE OF MOTHER (State or country) *Virginia*

(State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Minnie Burns*
(Address) *Central City, Ky.*

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence

15 Filed *April 27, 1912* *A. L. Blandford* REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *Evansboro, Ky.* DATE OF BURIAL *April 28, 1912*
20 UNDERTAKER *Marlin Moore* ADDRESS *Central City*

NOTE PLACE OF DEATH WITH EMPLOYER NAME-TWO 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.