

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. Pat. East Rogers

Inc. Town.....

City.....

Registration District No. 1093Primary Registration District No. 6832

(No. St. Ward)

File No.

Registered No.

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

2 FULL NAME Thomas Henry Richardson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 Single widowed Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 67 yrs. 0 mos. 0 ds. IF LESS than 1 day hrs. or min?8 OCCUPATION (a) Trade, profession or particular kind of work Police work (b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Muhlenberg Co

PARENTS

10 NAME OF FATHER Green Richardson11 BIRTHPLACE OF FATHER (State or country) Virginia12 MAIDEN NAME OF MOTHER Martha Roark13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tilmore Richardson(Address) Central city Kent15 Filed 11/25, 1925 A. B. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 23, 1925 (Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Nov 15, 1925, to Nov 23, 1925, that I last saw him alive on Nov 22, 1925, and that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. ds.

Contributory (Secondary).....

(Duration) yrs. mos. ds.

(Signed) F. H. Foley, M. D. Nov 23, 1925 (Address) Central City Ky

*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 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 DATE OF BURIAL

Mt. B. G. Nov 24, 192520 UNDERTAKER ADDRESS M. B. McDonald