FORM V. S. 1-100 M-1-10-11.

Commonwealth of Kentucky
STATE BOARD OF HEALTH.
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Graham Registration District No. 7140 File No. 25980 48

Inc. Town ..... Primary Registration Dist. No. 20 Registered No. .....

City ..... (No. ..... St. ..... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Wm Harry Richardson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White ~~yes~~

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH 2 (Month) 2 (Day), 1912 (Year)

7 AGE 2 yrs. 28 mos. 20 ds. If LESS than 1 day ....hrs, or ....min.?

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

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER Harry Richardson

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Annie Kinsella

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Richardson

(Address) Graham, Ky

15 Filed 10/22, 1912 J A Gardhouse Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 (Month) 23 (Day), 1912 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10/20/, 1912, to 10/23, 1912, that I last saw him alive on 10/22/, 1912, and that death occured, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Diptheria

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J J Edge, M. D.

10/23, 1912 (Address) Graham, 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 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 Marquis Chapel

DATE OF BURIAL Oct 24, 1912

20 UNDERTAKER Frank Oldham

ADDRESS Graham Ky

11—6184

WRITE PLAINLY, WITH [illegible]

N. B.—Every item of information should be carefully supplied. [illegible] 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.