

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Dr Curry
Reg. Dis. No.

B. O. V. S.
FORM
D

1 PLACE OF DEATH
County Robertson
City Eastwold

No. 294 St.

Registered No. 294
39857

2 FULL NAME J. H. Richardson
Length of residence in city or town where death occurred _____ yrs _____ mos _____ ds.

RESIDENCE, No. _____ St., _____
(If nonresident give city or town and State)
How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6 DATE OF BIRTH June 10 1882
(Month) (Day) (Year)

7 AGE 50 yrs _____ mos _____ ds.
If less than 2 years state if breast fed _____ If less than 1 day _____
Yes _____ No _____ hrs _____ mins.

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

9 BIRTHPLACE (State or country) Robertson Co., Tex.

PARENTS
10 NAME OF FATHER J. H. Richardson
11 BIRTHPLACE OF FATHER (State or country) Texas
12 MAIDEN NAME OF MOTHER Lizzie Moore
13 BIRTHPLACE OF MOTHER (State or country) Texas

14 THE ABOVE IS TRUE
(Informant) J. H. Richardson
(Address) Eastwold, Tex.

15 Filed 9/10 1982 JA cof Registrar.

MEDICAL PARTICULARS

16 DATE OF DEATH Sept 13 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 8/1, 1932, to 9/13, 1932, that I last saw him alive on 9/13, 1932 and that death occurred on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:
Bri. stroke deced
(duration) _____ yrs. 2 mos. _____ ds.

Contributory (Secondary) unknown
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted? Eastwold ✓
if not at place of death? _____
Did an operation precede death? Yes Date of 7/15/32

Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) Dr Curry M. D.
9/16, 1932 (Address) Franklin, Tex.
*State the disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal.

19 PLACE OF BURIAL OR REMOVAL Eastwold County DATE OF BURIAL 9-14-1932

20 UNDERTAKER Cashman ADDRESS Franklin, Tex.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, the Birth Certificate. 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.