



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Still Fully Suspect Terms, so Want it may be properly classified. Exact statement of OCCUPATION is very important.

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
Standard Certificate of Death.

1 PLACE OF DEATH
State of Texas *Robertson*

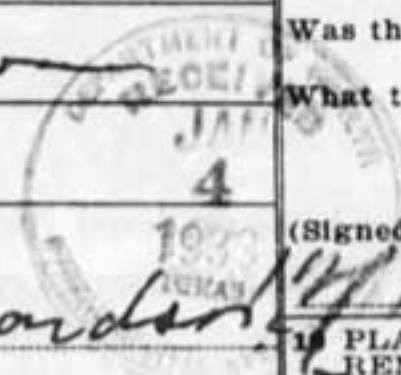
COUNTY OF *Robertson*

CITY OR PRECINCT *Easterly* No. *312* Street _____

2 FULL NAME OF DECEASED *J. M. Richardson, Sr.* Residence _____ Street *54501*

Length of residence in city where death occurred _____ yrs. _____ mos. _____ days How long in U. S. If foreign born? _____ yrs. _____ mos. _____ days

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL PARTICULARS	
3. SEX <i>male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Widower</i>			16 DATE OF DEATH <i>Dec 8th</i>	<i>1932</i>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____					17 I HEREBY CERTIFY, That I attended deceased from <i>12/6/32</i> , 19 <i>32</i> , to <i>12/8/32</i> , 19 <i>32</i> , that I last saw <i>him</i> alive on <i>12/6/32</i> , 19 <i>32</i> , and that death occurred on the date stated above, at <i>6:30</i> a.m. The CAUSE OF DEATH was as follows: <i>Myocarditis</i>	
6 DATE OF BIRTH (Month, day, and year) <i>Sept 12, 1853</i>						
7 AGE	Yrs.	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.)		
	<i>79</i>					
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <i>Farmer + Stockman</i> (b) General nature of industry, business, or establishment in which employed (or employer) _____						
9 BIRTHPLACE (State or country) <i>Texas</i>						
10 NAME OF FATHER <i>Elihu Richardson</i>						
11 BIRTHPLACE OF FATHER (State or country) <i>Ala.</i>						
12 MAIDEN NAME OF MOTHER <i>Unknown</i>						
13 BIRTHPLACE OF MOTHER (State or country) <i>"</i>						
14 Signature of informant <i>J. O. Richardson</i> Address <i>Easterly, Texas</i>						
15 FILED <i>12-10-32</i> <i>J. A. Cot</i> Registrar.						
					18 Where was disease contracted _____ If not at place of death? _____	
					19 PLACE OF BURIAL OR REMOVAL <i>Easterly City</i> DATE OF BURIAL <i>Dec 9th 1932</i>	
					20 UNDERTAKER <i>C. G. Gilman</i> ADDRESS <i>Franklin 2</i>	



Living
Registrar's No. *312*

54501

Dec 8th 1932

I HEREBY CERTIFY, That I attended deceased from 12/6/32, 1932, to 12/8/32, 1932, that I last saw him alive on 12/6/32, 1932, and that death occurred on the date stated above, at 6:30 a.m. The CAUSE OF DEATH was as follows: Myocarditis

CONTRIBUTORY (Secondary) *Concussion + stroke*
Stroke
(duration) _____ yrs. _____ mos. _____ ds.

Did an operation precede death? _____ Date of _____
Was there an autopsy? *No*
What test confirmed diagnosis? *None*

(Signed) *J. G. Curry* M. D.
12/10/32 Address *Franklin 2*

19 PLACE OF BURIAL OR REMOVAL *Easterly City* DATE OF BURIAL *Dec 9th 1932*

20 UNDERTAKER *C. G. Gilman* ADDRESS *Franklin 2*