

SEE WELL—INSTRUCTIONS ON THE REVERSE SIDE  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, file 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.

1 PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

B. O. V. S.

County Robertson

BUREAU OF VITAL STATISTICS

Reg. Dis. No. ....

FORM D

STANDARD CERTIFICATE OF DEATH

Registered No. ....

City ..... (No. ....) St. .... Ward)

2 FULL NAME Lulu Mae Richardson (a) RESIDENCE. No. .... St. ....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. .... mos. .... ds. How long in U. S., if of foreign birth? ..... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16 DATE OF DEATH

11-19-07  
(Month) (Day) (Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

....., 192....., to....., 192.....

that I last saw h..... alive on....., 192.....

and that death occurred, on the date stated above, at..... m.

7 AGE 23 yrs. .... mos. .... ds.

If less than 2 years state if breast fed If less than 1 day

The CAUSE OF DEATH was as follows:

8 OCCUPATION (a) Trade, profession or particular kind of work

The County Clerk of Robertson County, Texas.

Penalty for Failure to Report within 10 Days, \$5.00 to \$50.00.

No. 7

REPORT OF DEATH

49777

Full Name of Deceased Lulu Mae Richardson

Race White Sex Female Age 23 Years 3 Months 19 Days

Nativity U.S.

Alien or Citizen

Died on the 19 day of Nov 1907, at about 10.56 a.m.

Place of Death Eastly

Residence 11

CAUSE OF DEATH

DURATION

Immediate Cause <u>Burn</u>	Years	Months	Days	Hours <u>26</u>
Contributory Cause				

The above stated particulars are true to the best of my knowledge and belief.

Dated this 20 day of Dec 1907

(Signature) F. G. Thomas Address Eastly  
(Physician, Accoucheur, or Coroner)

....., M. D.

nt Causes. Mental, Sui-

BURIAL

192.....