



IF NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

1 PLACE OF DEATH  
STATE OF TEXAS

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

10122

COUNTY OF Kemp

Registrar's No. \_\_\_\_\_

CITY OR PRECINCT NO. Kemp Tex No. \_\_\_\_\_ Street \_\_\_\_\_  
If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred 42 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. How long in U. S. if foreign born? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

2 FULL NAME OF DECEASED Margaret Russell Richardson

RESIDENCE OF THE DECEASED No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single Widowed Married Divorced  
(Write the word) widow

5a. If married, widowed, or divorced HUSBAND of Rev. W.H. Richardson (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) June 18<sup>th</sup> 1859

7. AGE 77 Years 7 Months 17 Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, of particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (City or Town) Wood Co. Texas (State or Country) \_\_\_\_\_

13. NAME Capt. Johnathan Russell

14. BIRTHPLACE (City or Town) Wood Co. Texas (State or Country) \_\_\_\_\_

15. MAIDEN NAME Barbara Carpenter

16. BIRTHPLACE (City or Town) Wood Co. Texas (State or Country) \_\_\_\_\_

17. INFORMANT Russell Richardson

(Address) Big Springs Texas

18. BURIAL, REMOVAL Place Kemp Cem. Date 2-8-1937

19. UNDERTAKER J.C. Mc Nair

(Address) Kemp Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR 27277-1937 Mary H. Peil  
(File Date) (Signature)

MEDICAL PARTICULARS

21. DATE OF DEATH (month, day, and year) Feb 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1936, to Feb. 5, 1937

I last saw her alive on Feb 5, 1937; death is said to

have occurred on the date stated above, at 5 P m. The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Mitral Regurgitation

Other contributory causes of importance: old eye

Date of Onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_

Date of injury \_\_\_\_\_, 1937

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H. A. Taylor M. D.

(Address) Kemp Texas

