

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

12764

Registrar's No. /

COUNTY OF Freestone

CITY OR PRECINCT NO. 4 Yours No. \_\_\_\_\_ Street \_\_\_\_\_  
If in an institution, give name of institution instead of Street and No.

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

2 FULL NAME OF DECEASED Nathan Lee Richardson

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) Olga Richardson

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1886

7. AGE 53 Years 1 Months 11 Days If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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

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

10. Date deceased last worked at this occupation (month and year) 3-1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (City or Town) (State or Country) Freestone Co. Texas

13. NAME John Henry Richardson

14. BIRTHPLACE (City or Town) (State or Country) Freestone Co. Texas

15. MAIDEN NAME Merilda Francis Horn

16. BIRTHPLACE (City or Town) (State or Country) Mississippi

17. INFORMANT Henry Richardson

(Address) Fairfield, Texas

18. BURIAL, REMOVAL Place Rehoboth Date 3-18 1939

19. UNDERTAKER J. D. Burren

(Address) Fairfield, Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR 3-22 1939 Boys Cochran

(File Date) (Signature)

MEDICAL PARTICULARS

21. DATE OF DEATH (month, day, and year) March 17 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1939 to 3-17 1939

I last saw him alive on 3-17 1939; death is said to

have occurred on the date stated above, at 6:30 P.M. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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 \_\_\_\_\_, 1939

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

Specify whether injury occurred in industry, at 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) J. L. Bower M. D.

(Address) Fairfield, Texas

