

NOTE 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.

PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

19849

B. O. V. S.

County *Tarrant*

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No. _____
Registered No. _____
St. _____ (Ward) _____

City *Fairfield* (No. _____)

FULL NAME *G. H. Richardson*

(a) RESIDENCE. No. _____ St. _____
(If nonresident give city or town and State)

Length of residence in city or town where death occurred *72* yrs. *11* mos. *11* ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

16 DATE OF DEATH *June 1st* 192*7*
(Month) (Day) (Year)

6 DATE OF BIRTH *June 19* 185*4*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *August*, 192*4*, to *June 1*, 192*7* that I last saw ~~him~~ alive on *June 1*, 192*7* and that death occurred, on the date stated above, at *9 P* m.

7 AGE *27* yrs. *11* mos. *11* ds.
If less than 2 years state if breast fed _____ If less than 1 day _____
Yes _____ No _____ hrs. _____ mins.

The CAUSE OF DEATH* was as follows:
Tricuspid Valvular degeneration

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

Contributory *Habitual Excess Tobacco* (Secondary) *Smoker* (duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or country) *Fairfield Tarrant Co Tex*

10 NAME OF FATHER *Nathan Richardson*

18 Where was disease contracted *at place of death*
if not at place of death? _____

11 BIRTHPLACE OF FATHER (State or country) *Miss*

12 MAIDEN NAME OF MOTHER *Dora Grace*

Did an operation precede death? *No* Date of _____

13 BIRTHPLACE OF MOTHER (State or country) *Dora Grace*

Was there an autopsy? *No*

What test confirmed diagnosis? *Physical*
(Signed) *W. H. M. G. Davis* M. D.
694, 192*7* (Address) *Fairfield Tex*

14 THE ABOVE IS TRUE
(Informant) *J. S. Newman*
(Address) *Star Route Fairfield 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. (See reverse side for State Statutes.)

15 Filed *6-4* 192*7* *W. J. Lott* Registrar

19 PLACE OF BURIAL OR REMOVAL *Youngs* DATE OF BURIAL *6-2* 192*7*

20 UNDERTAKER *H. H. McLaughlin* ADDRESS *Fairfield Tex*