

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
<p>FORM V R 1 ROOM 2-29-18 Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH</p>				
<p>1 PLACE OF DEATH County <u>Kenton</u> Vol. Pat. <u>Towers</u> Inc. Town <u>Kenton, P.O.</u> City (No. St. Ward)</p>			<p>File No. <u>16077</u> Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)</p>	
<p>2 FULL NAME <u>Still Born infant of Stella Richardson</u></p>				
3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (Write the word)	6 DATE OF DEATH <u>May 17, 1918</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>May 17, 1918</u> (Month) (Day) (Year)			7 I HEREBY CERTIFY, That I attended deceased	
7 AGE <u>Still Born.</u>			8 What I last saw him... alive on... 191... to... 191... and that death occurred on the date stated above at... m. The CAUSE OF DEATH* was as follows: <u>Still Born</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>None.</u>			9 CONTRIBUTORY (SECONDARY) (Duration) ... yrs. ... mos. ... ds.	
9 BIRTHPLACE (State or country) <u>Ky.</u>			10 NAME OF FATHER <u>Lucas Richardson</u>	
10 NAME OF FATHER <u>Lucas Richardson</u>			11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>			12 MAIDEN NAME OF MOTHER <u>Stella Lamb</u>	
12 MAIDEN NAME OF MOTHER <u>Stella Lamb</u>			13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Carl Richardson</u> (Address) <u>Kenton, Ky.</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Carl Richardson</u> (Address) <u>Kenton, Ky.</u>			15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence	
15			19 PLACE OF BURIAL OR REMOVAL <u>Independence, Ky.</u>	
19 PLACE OF BURIAL OR REMOVAL <u>Independence, Ky.</u>			DATE OF BURIAL <u>May 18, 1918</u>	
20 UNDERTAKE <u>Edwards & Edwards</u>			ADDRESS <u>Walter Ky.</u>	
20 UNDERTAKE <u>Edwards & Edwards</u>			ADDRESS <u>Walter Ky.</u>	
15 Filed <u>May 18, 1918</u> REGISTRAR				