

Richardson, Edith Missouri 1920 - 1920

FORM V 8 1-500M 6-20-11		Commonwealth of Kentucky		25166
1 PLACE OF DEATH		STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		
County	<i>Kenton</i>	CERTIFICATE OF DEATH		File No. <i>18</i>
Vot. Pct.	<i>Toward</i>	Registration District No.	<i>583</i>	Registered No.
Inc. Town	Primary Registration District No.	<i>6418</i>	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
City	No.	St., Ward)
2 FULL NAME <i>Edith Missouri Richardson</i>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR FORCED (Write the word)	16 DATE OF DEATH <i>Oct. 18, 1920</i>	
6 DATE OF BIRTH <i>May 20, 1920</i>			17 I HEREBY CERTIFY, That I attended deceased from <i>Sept. 10, 1920</i> to <i>Oct. 18, 1920</i> , that I last saw her alive on <i>Oct. 13, 1920</i> , and that death occurred on the date stated above at <i>3 P. m.</i> The CAUSE OF DEATH* was as follows: <i>General (Miliary) Tuberculosis</i>	
7 AGE <i>4 yrs. 4 mos. 28 ds.</i>	IF LESS than 1 day... hrs. or... min.?		(Duration) ... yrs. <i>4</i> mos. ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)			Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.	
9 BIRTHPLACE (State or country) <i>Kenton Co., Ky.</i>			(Signed) <i>Charles M. Petty</i> , M. D. <i>Oct. 14, 1920</i> (Address) <i>Independence, Ky.</i>	
PARENTS	10 NAME OF FATHER <i>M. L. Richardson</i>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
	11 BIRTHPLACE OF FATHER (State or country) <i>Kenton Co., Ky.</i>	13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence		
	12 MAIDEN NAME OF MOTHER <i>Stella Lamb</i>	19 PLACE OF BURIAL OR REMOVAL <i>Independence Cem.</i> DATE OF BURIAL <i>Oct. 14, 1920</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>Kenton Co., Ky.</i>	20 UNDERTAKER <i>Edward of Edwards</i> ADDRESS <i>Walter Ky.</i>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>M. L. Richardson</i> (Address) <i>Kenton, Ky. R.F.D.</i>				
15 Filed <i>Nov. 15, 1920</i> <i>Dora Shepperd</i> REGISTRAR				
11-3154				