

Richardson, Elmer L 1918 - 1918

FORM V 8 1-800M 8 20-11

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Kenton Registration District No. 3 File No. **34935**  
 Vol. Pot. James Primary Registration District No. 4418 Registered No. \_\_\_\_\_  
 Inc. Town \_\_\_\_\_ City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Elmer Richardson

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PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Infant</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>November 16, 1918</u> <small>(Month) (Day) (Year)</small>
6 DATE OF BIRTH <u>May 17, 1918</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Aug. 2, 1918</u> , to <u>Nov. 11, 1918</u> , that I last saw him alive on <u>Nov. 10, 1918</u> , and that death occurred on the date stated above at <u>9:20 a.m.</u> , The CAUSE OF DEATH* was as follows: <u>Tuberculous Aneurysm</u>  .....(Duration)..... yrs. <u>4</u> mos. .... ds.
7 AGE ..... yrs. <u>5</u> mos. <u>24</u> ds. IF LESS than 1 day ... hrs. or ... min.?			
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>Infant</u>			Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds. (Signed) <u>Phar. M. Petty</u> , M. D. <u>Nov. 11, 1918</u> (Address) <u>West Kentucky</u> <small>*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.</small>
9 BIRTHPLACE (State or country) <u>Kenton Co., Ky.</u>			
10 NAME OF FATHER <u>W. Luke Richardson</u>			
PARENTS	11 BIRTHPLACE OF FATHER (State or country) <u>Kenton Co., Ky.</u>		15 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 <u>Stella L. Lamb</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Kenton Co., Ky.</u>		14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. L. Richardson</u> (Address) <u>Kenton R.F.D.</u>	
15 Filed <u>Nov. 11, 1918</u> by <u>Am. Gunning</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Independence Ky</u> DATE OF BURIAL <u>11/16, 1918</u>
			20 UNDERTAKER <u>A. Edwards</u> ADDRESS <u>Walter 749</u>

DEFY FACTOR IS VERY IMPORTANT - SEE INSTRUCTIONS WITH BOOK OF CERTIFICATES

11-3154