

Richardson, Lester Earl 1915 - 1916

FORM V. D. 1-200 M. 10-19-16

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

9456

PLACE OF DEATH
County Meigs
Vot. Prec. White's Town
Ins. Town
City (No. 583 St. W418 Ward)

File No. _____
Registered No. 5758
(If death occurred in a hospital or institution, give its name, number, or other identifying number.)

FULL NAME Lester Earl Richardson

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(Write the word)

6 DATE OF BIRTH September 21, 1915
(Month) (Day) (Year)

7 AGE 2 yrs. 13 mos. 13 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)

9 BIRTHPLACE (State or country) Kenton Co.

10 NAME OF FATHER W. L. Richardson

11 BIRTHPLACE OF FATHER (State or country) Kenton Co.

12 MAIDEN NAME OF MOTHER Stella L. Lamb

13 BIRTHPLACE OF MOTHER (State or country) Kenton Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. Richardson
(Address) Kenton R. D. No. 1

15 FILED 1/5 - 1916 H. E. T. Stephens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 4, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1915, to Jan. 4, 1916, that I last saw him alive on Jan. 3, 1916, and that death occurred, on the date stated above, at 6 a.m.
The CAUSE OF DEATH* was as follows:
Intussusception
(Duration) yrs. mos. ds.
Contributory Enterocolitis
(Duration) yrs. mos. ds.
(Signed) Chas. M. Petty, M. D.
(Address) Independence, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 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

19 PLACE OF BURIAL OR REMOVAL Independence Ky DATE OF BURIAL Jan 5, 1916

20 UNDERTAKER Edwards Bros ADDRESS Walton, Ky

11-5104