

Richardson, Noble Luke 1880 - 1929

Form V. S. 1-50m-3-23-27

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Newton File No. 6762 ✓
 Vol. White Tower Registration District No. 791 Registered No. _____
 Inc. Town _____ Primary Registration District No. 5906
 City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Noble Luke Richardson
 (a) Residence. No. Stafford Street Usaha Pike Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 (Write the word) <u>Married</u>	16 DATE OF DEATH <u>July 27</u> , 19 <u>29</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Sudden death</u> , 19 <u>29</u> , that I last saw him alive on _____, 19 <u>29</u> , and that death occurred on the date stated above at <u>9 P</u> m. The CAUSE OF DEATH* was as follows: <u>Heart failure</u>	
5a If married, widowed or divorced HUSBAND of <u>Hella Lamb</u> (or) WIFE of _____			(Duration) _____ yrs. _____ mos. _____ ds.		
6 DATE OF BIRTH <u>March - 17</u> 18 <u>80</u> (Month) (Day) (Year)			Contributory _____ (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
7 AGE <u>48</u> yrs. <u>11</u> mos. <u>3</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>Chas. M. D.</u> <u>2/22/29</u> (Address) <u>516 W 34</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			*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 additional space.)		
9 BIRTHPLACE (city or town) <u>Newton</u> (State or country) _____			19 PLACE OF BURIAL OR REMOVAL <u>Independence Ky</u> DATE OF BURIAL <u>July 23, 1929</u>		
PARENTS	10 NAME OF FATHER <u>Augustus Richardson</u>		20 UNDERWRITER <u>M. Summels</u>		
	11 BIRTHPLACE OF FATHER (city or town) <u>Newton</u> (State or country) _____		ADDRESS <u>201-12</u>		
	12 MAIDEN NAME OF MOTHER <u>Missouri Ginnish</u>				
	13 BIRTHPLACE OF MOTHER (city or town) <u>Newton</u> (State or country) _____				
14 (Informant) <u>Earl Richardson</u> (Address) <u>Usaha R. 2 W.</u>					
15 Filed <u>7 23</u> , 19 <u>29</u> <u>J. Whiting</u> Registrar					