

Texas State Board of Health
STANDARD CERTIFICATE OF DEATH

Registered No. 323 11404

1 PLACE OF DEATH
County Kaufman
City Terrell
(No. 11 St.; Ward)
(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2 FULL NAME J. T. Richardson

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male 4 COLOR OF RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word.)

6 DATE OF BIRTH (Month) 18.34 (Day) (Year) 1834

16 DATE OF DEATH (Month) May (Day) 18 (Year) 1911

17 I HEREBY CERTIFY, that I attended deceased from 7:45 May, 1911, to 7:18 May, 1911, that I last saw him alive on "7", 1911, and that death occurred on the date stated above, at 6:40 P. m.

THIS IS A PERMANENT RECORD
AGE should be stated EXACTLY. PHYSICIANS should properly classified. Exact statement of OCCUPATION

FOR BINDING

Name	Event Type	Event Date	Event Place	Gender	Marital Status	Birth Date	Birthplace	Father's Name	Mother's Name	Certificate Number
J T Richardson	Death	18 May 1911	Terrell, Kaufman, Texas United States	Male	Widowed	1834	North Carolina			11404

