

1903

Richardson, William Augustus

Texas State Board of Medical Examiners

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PA 200.

Texas State Board of Medical Examiners

Sparta Ga, 1903 A.B.

APPLICATION FOR EXAMINATION

No. _____

Name Richardson W Augustus

Residence Prairie View

County of Waller Co

State of Texas

Application filed Oct 24 19 31

Fee Paid P.O.O PV 54152 10/29/03

Result _____ 19

Examination _____ 19

Certificate Issued _____

Certificate Sent By (For Use of Secretary Only.)

McHary Med Col 1901

Completed application accompanied by the fee, \$25.50, must be in the hands of the Secretary of State Board of Medical Examiners not less than ten days prior to date of examination.

Medical diploma must be exhibited by applicant on first day of examination.

Graduates of Foreign Colleges must send this application for certification of graduation and date thereof under the signature of dean and seal of College, which must be attested by the U. S. Consul of the district in which college is located.

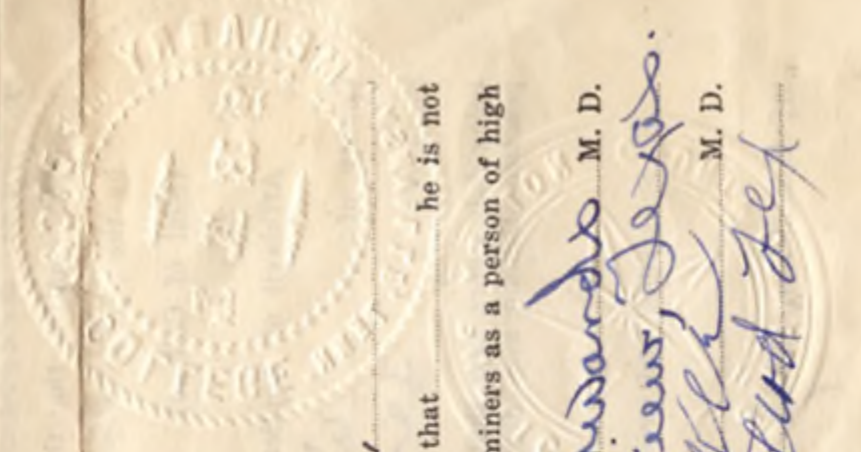


I hereby certify that attached is a true likeness of _____ the applicant.

The following is a list of the subjects in which applicants for license are examined.

Anatomy	- - - - -	
Histology	- - - - -	
Chemistry	- - - - -	
Obstetrics	- - - - -	
Gynecology	- - - - -	
Pathology	- - - - -	
Physical Diagnosis	-- - - -	
Physiology	- - - - -	
Medical Jurisprudence	- - - - -	
Surgery	- - - - -	
Hygiene	- - - - -	
Bacteriology	- - - - -	
General Average	- - - - -	

Certificates must be recorded before holder can practice medicine in Texas.



RECOMMENDATION

Being personally acquainted with W. Augustus Richardson and recognizing the photograph attached hereto as one of the applicant, we, the undersigned, certify that he is not addicted to intoxicants or narcotics and we recommend him to the State Board of Medical Examiners as a person of high moral character and worthy of professional recognition.

Martin L. Edwards M. D. Residence Prairie View, Texas. S. C. Waller M. D. Residence Hempstead Tex

**APPLICATION FOR EXAMINATION FOR LICENSE
BY THE TEXAS STATE BOARD OF MEDICAL EXAMINERS**

1. Name W. Augustus Richardson
 Postoffice Address Prairie View Hospital, Prairie View, Tex. Age 28
2. Place of Birth Sparta Ga.
3. Are you a citizen of the U. S.? yes If not have you declared your intention to become a citizen? _____
4. Are you addicted to the use of intoxicants or narcotics? no.
5. Have you been refused examination by any State Medical Licensing Board? no If so, when and by what Board? _____
6. Did you ever fail in examination before a State Medical Licensing Board? no If so, when and where? _____
7. State the number of years you have been in actual practice since graduation? none.
8. Have you been charged with or convicted of a crime of the grade of felony? no.
9. Literary Education (Name High School and Colleges attended, state the time spent in each, credits received and whether you graduated or received a degree)

High School: Morehouse College, Atlanta, Ga. 4 yrs.
College: Morehouse College, Atlanta, Ga. A.B. degree 4 yrs.

10. No. Entrance Certificate _____, date _____ Units _____
 (For graduates from Texas Medical Colleges)

11. Date of Matriculation in Medical College October 1, 1926

12. Medical Education. (Give names and locations of Medical Colleges attended, number of full courses of lectures in each and date of graduation) Meharry Medical College, Nashville, Tennessee

1st yr. October 1, 1926 to May 26, 1927.
2nd yr. October 1, 1928 to May 23, 1929.
3rd yr. October 1, 1929 to May 22, 1930
4th yr. October 1, 1930 to May 28, 1931

This certifies that the degree, Doctor of Medicine was conferred on Wm. A. Richardson
 by the Meharry Medical College on May 28, 1931
 (Seal of College) (Mrs.) S. A. Elliott, Registrar

(Must be signed by the Dean of College by which applicant was graduated in Medicine)

Affidavit of Applicant:

County of Waller } ss. W. Augustus Richardson M. D.
 State of Texas. } of Prairie View.

being duly sworn says that all statements made in this form—his application for admission to an examination for license to practice medicine and surgery in the State of Texas—are in every respect correct and true.

Subscribed and sworn to before me this 17th day of October 1931
W. Augustus Richardson M. D.

My Commission Expires June 1st 1933 Q. W. Reese Notary Public
In + for Waller Co. (SEAL)

Oct. 28, 1931.

Dr. T. J. Crowe, Sec.

Texas State Board of Medical Examiners

918-19 Mercantile Bldg.

Dallas Texas.

Dear Doctor:

Find enclosed an order for twenty-five and one half dollars (\$25.50) to cover the fee for the Texas State Medical Examination for which I recently filed application.

Respectfully Yours,

W. Augustus Richardson

Prairie View Hospital

Prairie View Texas.

PLEASE DO NOT SEND CASH — SENT AT OWN RISK.


1 9 4 6
IMPORTANT

YOUR MEDICAL LICENSE

APPLICATION FOR 1946 PERMIT
FILL OUT AND RETURN BEFORE
THE FIRST OF JANUARY, 1946
PENALTY AFTER MARCH 1st

Texas Board of Medical Examiners
918 Texas Bank Bldg., Dallas, Texas

Dr. William A. Richardson P 3467
1215 Ave. M.
Huntsville, Texas
A 2942



Reported Dead by Sec. Med. Soc.
Died of heart trouble at
Prairie View Hosp. for Negroes
Walker Co. - April 1946

Application For Registration. _____, 194_____

To the Secretary, Texas State Board of Medical Examiners,
918-19 Texas Bank Building, Dallas, Texas.

Herewith I enclose _____ for \$2.00 in payment of fee for Annual Registration
for the year _____, and below give the information required by Law, as follows:

My full name is _____
(As John Richard Roe)

My postoffice address is _____

My age is _____, I belong to the _____ school of practice.

The degree, Doctor of _____ was conferred on me by

The _____ College on _____, 1_____.

My Texas license is No. _____, and dated _____, 1_____.

My license is recorded in counties of Texas as follows: _____

I certify that the foregoing statements are correct. Please send Annual Permit.

Signed _____

Permit must be secured before one begins practice in Texas and on or before January
1st each year thereafter.

S124-945-12m

Form 3806-S (Rev. 2-57)

6963

Receipt for Registered Article No. _____

Postmaster per _____

POSTMARK

Fee paid 30 cents. Class postage _____

Declared value _____ Surcharge paid, \$ _____

Return Receipt fee _____ Spl. Del'y fee _____

Delivery restricted to addressee:

In person _____, or order _____ Fee paid _____

Accepting employee will place his *initials* in space indicating restricted delivery.

07-16-1943-8. GPO

NOTICE TO SENDER—Enter below name and address of addressee as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity.

(Name of addressee)

(P. O. and State of address)

Registered Mail—Fees for indemnity limited to:

No indemnity	30¢	\$100	85¢	\$800	\$1.35
\$5	40¢	200	95¢	700	1.45
25	55¢	300	\$1.05	800	1.55
50	65¢	400	1.15	900	1.65
75	75¢	500	1.25	1,000	1.75

(Fees subject to change—Consult postmaster)

The fee on domestic registered matter without intrinsic value and for which indemnity is not paid is 30 cents. A fee of not less than 55 cents must be paid on registered matter valued in excess of \$25.

Domestic registered mail is subject to surcharges when the declared value exceeds the maximum indemnity covered by the registry fee paid. Fees on domestic registered C. O. D. mail range from 80 cents to \$2.10. Indemnity claims must be filed within 1 year (C. O. D., 6 months) from date of mailing.

Consult postmaster as to the registry fees chargeable on registered parcel post packages for foreign countries.