

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

307

County Jackson

Civil Dist. 12

Registration District No. 444 12

File No. 12

or Village Bloomington Springs

Primary Registration District No. 12

Registered No. 12

or City _____ (No. _____, St.; _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Allen

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH July 10, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH July 10, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,

7 AGE _____ If LESS than _____
_____ yrs. _____ mos. _____ ds. day, 3 hrs.
or _____ min.?

that I last saw him alive on July 10, 1917, and that death occurred, on the date stated above, at 1 P.M.

8 OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

The CAUSE OF DEATH* was as follows: 16hr

9 BIRTHPLACE (State or country) Jackson Co Tenn

Not a full term child

(Duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER Henry P Allen

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

(Signed) Matilda Goolbsy Midway
Bloomington Springs Tenn R 11
_____, 191____ (Address)

12 MAIDEN NAME OF MOTHER Parasetta Pippin

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

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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 _____

(Informant) Matilda Goolbsy
Bloomington Springs Tenn R 11
(Address)

19 PLACE OF BURIAL OR REMOVAL Flatt cemetery DATE OF BURIAL July 11, 1917

15 Filled July 11, 1917 by Jno B Billingsley REGISTRAR
Gareebara Tenn R 11

20 UNDERTAKER W E Larrington ADDRESS Bloomington Springs Tenn R 11