

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 13-

Village _____

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

Registration District No. 44413Primary Registration District No. 13-

File No. _____

Registered No. _____

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

2 FULL NAME Samuel David Allen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH April 7, 1884
(Month) (Day) (Year)7 AGE 34 yrs. 2 mos. 22 ds. If LESS than 1 day, ----- hrs. or ----- min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Fanner - 000
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER James Allen11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Nancy Dison13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Allen(Address) Haydenburg Tenn.15 Filed June 3, 1918 J. D. Duncles

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 29, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 16, 1918, to June 28, 1918, that I last saw him alive on June 28, 1918, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis following Perforation
in Typhoid fever

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

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

(Signed) J. D. Duncles, M. D.
June 29, 1918 (Address) Whitneyville

*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 34 yrs. 2 mos. 22 ds. In the 34 yrs. 2 mos. 22 ds.
Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Wilson Burial place DATE OF BURIAL June 30, 191820 UNDERTAKER None ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAIN RECORD OR BINDING