

MARGIN RESERVED FOR BINDING
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.

1 PLACE OF DEATH			STATE OF TENNESSEE		165
County <u>Jackson</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>#1</u>			Registration District No. <u>441</u>		File No. <u>5</u>
or Village _____			Primary Registration District No. <u>244601</u>		Registered No. _____
or City <u>Gainesboro</u> (No. _____, St.; _____ Ward)			(If death occurred in a hospital or institution, give its NAME instead of street and number.)		
2 FULL NAME <u>William Allen</u>					
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 <u>Widow</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>February 29, 1920</u> <small>(Month) (Day) (Year)</small>		
6 DATE OF BIRTH <u>Sept 25, 1842</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>one trip out to Feb. 28, 1920,</u> that I last saw him alive on <u>Feb. 28, 1920,</u> and that death occurred, on the date stated above, at <u>9 A.M.</u>		
7 AGE <u>77</u> yrs. <u>5</u> mos. <u>4</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>Bright's disease (as best I could find out from family)</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		(Duration)..... yrs. mos. ds.		
9 BIRTHPLACE (State or country) <u>Jackson County Tenn</u>			Contributory (SECONDARY) _____(Duration)..... yrs. mos. ds.		
PARENTS	10 NAME OF FATHER <u>George Allen</u>		(Signed) <u>Henry D. Lipton</u> , M. D. <u>Med. S.</u> , 1920. (Address) <u>Gainesboro Tenn</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>don't know</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	12 MAIDEN NAME OF MOTHER <u>Fannie Gaines</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 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 _____		
	13 BIRTHPLACE OF MOTHER (State or country) <u>don't know</u>		19 PLACE OF BURIAL OR REMOVAL <u>Mahany Grave yard</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Jessie & John Allen</u> (Address) <u>Gainesboro Tenn Route # 4</u>			DATE OF BURIAL <u>March 1, 1920</u>		
15 Filed <u>March 1, 1920</u> <u>Wm. R. Lipton</u> REGISTRAR			20 UNDERTAKER ADDRESS _____		