

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

County Jackson  
 Civil Dist. 8  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

253

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

Registration District No. 44408  
 Primary Registration District No. \_\_\_\_\_

File No. 11  
 Registered No. 11

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

2 FULL NAME Willie Marshall Allen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX boy 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (Write the word)  
 6 DATE OF BIRTH Jan 21 1910  
 (Month) (Day) (Year)  
 7 AGE 4 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?  
 yrs. mos. ds.  
 8 OCCUPATION none  
 (a) Trade, profession, or particular kind of work.  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 9 BIRTHPLACE (State or country) Jackson Co

PARENTS  
 10 NAME OF FATHER Harvie Allen  
 11 BIRTHPLACE OF FATHER (State or country) Jackson Co  
 12 MAIDEN NAME OF MOTHER Debie rector  
 13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Harvie Allen  
 [Address] Croftsville Tenn

15 Filed Sept 24 1920 C. W. Ballard  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 5 1920  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 7:30 PM 1910 to Attendant 1910  
 that I last saw h. alive on \_\_\_\_\_, 1910  
 and that death occurred, on the date stated above, at \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:  
The mother died with  
conspicuous and the  
child was thought to die  
from that cause  
 (Duration) yrs. mos. ds.

Contributory (SECONDARY) \_\_\_\_\_  
 [Duration] yrs. mos. ds.  
 Signed \_\_\_\_\_ M. D.

\* 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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Godson Branch DATE OF BURIAL Sept 8 1920  
 20 UNDERTAKER friends only ADDRESS \_\_\_\_\_