

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. 13  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44413 File No. 409  
Primary Registration District No. 13 Registered No. \_\_\_\_\_

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

2 FULL NAME

Not Named Allen

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov - 13 1922  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ If LESS than 1 day, 5 hrs. or \_\_\_\_\_ min.?  
yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Henry Allen

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Mary Ann West

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Henry Allen  
[Address] Whitesville

15 Filed Nov 13 1922 J. D. Dukes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov - 13 1922  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov - 13 1922, to Nov - 13, 1922, that I last saw her alive on Nov - 13, 1922 and that death occurred, on the date stated above, at 9 P. M.  
The CAUSE OF DEATH\* was as follows:

Premature Birth  
1610  
[Duration] yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] yrs. mos. ds.  
Signed J. D. Dukes M. D.  
Nov 13 1922 Address \_\_\_\_\_

\* 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 5 yrs. 4 mos. 5 ds. State 5 yrs. 4 mos. 5 ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL P. W. Herod Cemetery DATE OF BURIAL Nov 14 1922

20 UNDERTAKER None ADDRESS \_\_\_\_\_