

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 Putnam
Civil Dist. 7
OR
Village _____
OR
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 47027
Primary Registration District No. 7

File No. 165
Registered No. _____

2 FULL NAME Hershal Lee Allen,

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White,	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Oct. 23rd, 1922 (Month) (Day) (Year)		
7 AGE 0 yrs. 0 mos. 0 ds.		If LESS than 1 day, 0 hrs. or 0 min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. Non E (b) General nature of industry, business, or establishment in which employed (or employer) XXXXXXXX		
9 BIRTHPLACE (State or country) Putnam Co. Tenn.		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
10-23-1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____, that I last saw h_____ alive on _____ 191____, and that death occurred, on the date stated above, at _____ M
The CAUSE OF DEATH* was as follows:

Stillborn,

PARENTS

10 NAME OF FATHER Angilo Allen,
11 BIRTHPLACE OF FATHER (State or country) Putnam Co. Tenn.
12 MAIDEN NAME OF MOTHER Ohlio Pippin,
13 BIRTHPLACE OF MOTHER (State or country) Putnam Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] **Angilo Allen,**
[Address] **Cookeville, Tenn. R.#4.**

15 Filed **10/24/22** **W. J. [Signature]** REGISTRAR

Contributory [SECONDARY] _____ [Duration] yrs. mos. ds.
Signed **J. M. Wheeler** M. D.
Oct 23rd, 1922 Address **Baxter, Tenn.**

* 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 **Pippin's grave yard** DATE OF BURIAL **10-23-1922**
20 UNDERTAKER _____ ADDRESS _____