

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

22913

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Rutland
Civil Dist. 8
OR
Village _____
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. 47208
Primary Registration District No. _____

File No. 79
Registered No. _____

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

2 FULL NAME James Morrison Allen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH _____ 1 _____ (Month) _____ (Day) _____ (Year)

7 AGE _____ If LESS than 1 day, _____ hrs. _____ yrs. _____ mos. _____ ds. 22 or _____ min.?

8 OCCUPATION
(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) Tenn

10 NAME OF FATHER Nute Allen

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Mrs. da Hitchcock

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Lanza Dumas

[Address] 7/27 - Baptist

15 Filed 9/25-1929 J. A. Herren REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 24 1929
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 192 _____ to _____ 192 _____, that I last saw him alive on _____ 192 _____

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows: Bowel trouble 2056

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed no Dr. _____ M. D.

_____ 192 _____ Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 DATE OF BURIAL

Bairding Springs Tenn 9/25-1929

20 UNDERTAKER ADDRESS