

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Muhlenberg  
Vot. Pot. Erwin Registrar P District No. 7127  
Ino. Town ..... Primary Registration District No. 7  
City ..... (No. .... St., ..... Ward)  
2 FULL NAME George W. Allen

File No. 9581  
Registered No. 2  
(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 widow  
(Write the word)  
6 DATE OF BIRTH June 5, 1835  
(Month) (Day) (Year)  
7 AGE 84 yrs. 9 mos. 12 ds. IF LESS than 1 day... hrs. or... min.?  
8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Wilson Co Tenn

PARENTS  
10 NAME OF FATHER Abraham Allen  
11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_  
12 MAIDEN NAME OF MOTHER Josephine Baker  
13 BIRTHPLACE OF MOTHER (State or country) Wilson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. E. Allen  
(Address) Erwin Ky

15 Filed Mar. 20, 1920 G. L. Fleming  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 17, 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1920, to Mar. 15<sup>th</sup>, 1920, that I last saw him alive on Mar. 16, 1920, and that death occurred on the date stated above at 7 A.M. The CAUSE OF DEATH\* was as follows:

Endocarditis (Purulent)  
(Duration) ..... yrs. .... mos. .... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.

(Signed) W. H. Hunt M. D.  
Mar. 17, 1920 (Address) Roebuck Ky

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

19 PLACE OF BURIAL OR REMOVAL Winners Chapel DATE OF BURIAL Mar. 18, 1920

20 UNDERTAKER W. H. Hoode ADDRESS Rocheater

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
No. 8--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.