

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

PLACE OF DEATH  
County Martin  
Vot. Prec. Hillsdale  
Inc. Town.....  
City..... (No..... St.)..... Ward)

Registration District No. 12  
Primary Registration Dist. No. 7136

File No. 29670  
Registered No. 91

FULL NAME Henry Allen

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Unmarried  
(Write the word)

DATE OF BIRTH....., 1.....  
(Month) (Day) (Year)

AGE 28 about; If LESS than 1 day.....hrs., or.....min.?  
yrs..... mos..... ds.

OCCUPATION  
(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
Coal miner

BIRTHPLACE (State or country) Kentucky

NAME OF FATHER Bob Allen

BIRTHPLACE OF FATHER (State or country) Don't Know

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Don't Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. M. Daniels  
(Address) Hillsdale Ky

Filed....., 191.....  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH....., 11....., 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 12....., 1914, to....., 1914, that I last saw him alive on Nov 12....., 1914, and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH\* was as follows:  
Hanging By Unknown  
his hands

Duration)..... yrs..... mos..... ds.

Contributory.....  
(SECONDARY)

(Signed) E. P. [Signature]  
11/13....., 1914. (Address) [Address]

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OR HOMICIDE

(10) 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.....

PLACE OF BURIAL OR REMOVAL..... DATE OF BURIAL....., 191.....

UNDERTAKER..... ADDRESS.....

WRITE PLAINLY. WITH CAREFULNESS HERE-THESE IS A PERMANENT RECORD.

U. S.—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.