

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 15358
Registered No. _____

1. PLACE OF DEATH

County WashingtonVot. Prec. SummerTwp. Town SummerRegistration District No. 1990Primary Registration District No. 2434City _____ No. _____ St. _____ Ward _____
If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME P. P. Allen IF VETERAN, WHAT NO. _____(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. Single, Married, Widowed
Married (write the word)5a. If married, widowed, or divorced
HUSBAND of Henry E. Allen
(or) WIFE of6. DATE OF BIRTH May 14 18877. AGE Years Months Days If LESS than
87 1 27 1 day.....hrs.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Carpenter9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Washington Co Ky.13. NAME William Booth Allen14. BIRTHPLACE Tenn15. MAIDEN NAME Un Known16. BIRTHPLACE Un Known17. INFORMANT Raymond Stapp
(Address) Summer Ky.18. BURIAL CREMATION, OR REMOVAL
Place Summer Cem Date May 19, 193819. UNDERTAKER H. C. Huggins
(Address) Lewisburg Ky.20. FILED July 12 1938
W. M. Crayle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 12, 193822. I HEREBY CERTIFY that I attended deceased from
May 10, 1938 to May 12, 1938I last saw him alive on May 10, 1938; death is said
to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance
in order of onset were as follows:Senility Date of onset _____Contributory causes of importance not related to
principal cause: Cystitis with
incontinence of urine

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ date of injury _____ 1938Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in
public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? _____ If so, specify _____(Signed) K. P. Sutton(Address) Lewisburg Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. It should be stated EXACTLY. PHYSICIANS IN 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.