8990

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County _Muhlenberg_

Vot. Pct. _Mastwick_

Inc. Town _____

City _____

Registration District No. _1095_

Primary Registration District No. _6845_

File No. _2_

Registered No. _____

(No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME _Alvey Allen_

(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 | | | MEDICAL CERTIFICATE OF DEATH |

21. DATE OF DEATH _March 10_, 19_37_

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Male	_white_	_Single_

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

22. I HEREBY CERTIFY, That I attended deceased from _Nov 15_, 19_36_ to _Mar 10_, 19_37_

I last saw h__ alive on _Mar 10_, 19_37_, death is said to have occurred on the date stated above, at _10:00_ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary Tuberculosis

6. DATE OF BIRTH

7. AGE	Years	Months	Days	If LESS than 1 day ...... hrs. or ...... min.
	34	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Retired Coal Miner_

9. 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 _____

Contributory causes of importance not related to principal cause:
State nutrition and Cold

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE _Ky_

13. NAME _George B. Allen_

14. BIRTHPLACE _Grayson Co. Ky_

15. MAIDEN NAME _Allie Harrell_

16. BIRTHPLACE _Grayson Co_

17. INFORMANT _Luther Harry_
(Address) _Central City Ky Rt 2_

18. BURIAL, CREMATION, OR REMOVAL
Nelson Creek Date _Mch 11_, 19_37_

19. UNDERTAKER _M. B. McDonald Hdw_
(Address) _Greenville Ky_

20. FILED _March 11_, 19_37_ _Dan Napier_ Registrar.
by L. Blandford

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19__
Where 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) _Geo L Gormley_, M.D.
(Address) _Rockport Ky_