

4000
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4000
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF TENNESSEE

DIVISION OF VITAL STATISTICS

DEATH NO. 64-31050
11/8/1964
2. DATE OF DEATH MONTH DAY YEAR

1. NAME Martha Frances Allen
FIRST MIDDLE LAST

3. COLOR OR RACE W 4. SEX F 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed 6. DATE OF BIRTH 1/24/1877 7. AGE (IN YEARS LAST BIRTHDAY) 87 IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH A. COUNTY Henry B. CIVIL DISTRICT 9 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE Tenn. B. COUNTY Henry C. CIVIL DISTRICT 9

C. CITY OR TOWN R. 2. Henry, Tenn. D. LENGTH OF STAY IN THIS PLACE 18 yrs E. INSIDE CITY LIMITS? YES NO

F. STREET ADDRESS (OR LOCATION) R. 2. G. IS RESIDENCE ON A FARM? YES NO

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life. Even if Retired) House Keeper 10B. KIND OF BUSINESS OR INDUSTRY Home 11. SOCIAL SECURITY NUMBER None 12. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE No

13. BIRTHPLACE (State or Foreign Country) Benton Co, Tennessee 14. CITIZEN OF WHAT COUNTRY? U S A 15. NAME OF HUSBAND OR WIFE Johnnie Green Allen

16. FATHER'S NAME Henry Abbott 17. MOTHER'S MAIDEN NAME (Not Known) 18. INFORMANT ADDRESS Homer Allen, Henry, Tennessee

MEDICAL CERTIFICATION

19. CAUSE OF DEATH Enter only one cause per line for (A), (B), (C)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) INANITION + DEBILITATION 733 INTERVAL BETWEEN ONSET AND DEATH 1 month

DUE TO (B) PROLONGED BED REST 794 3 MONTHS

DUE TO (C) FRACTURE LEFT FEMUR 3 MONTHS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A) OSTEOPOROSIS 20. WAS AUTOPSY PERFORMED? YES NO

21A. ACCIDENT SUICIDE HOMICIDE 21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

21C. TIME OF INJURY: HOUR NO. DAY YR. A.M. P.M.

21D. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21E. PLACE OF INJURY (In or about Home, Farm, Factory, Street, Office Building, etc.) 21F. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE George P. [Signature] MED. EXAM. D.O. OTHER (SPECIFY) ADDRESS Paris, Tenn. DATE 11.13.64

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23B. DATE OF BURIAL, CREMATION, OR REMOVAL 11/10/1964 23C. NAME OF Cemetery or Crematory Oak Grove 23D. LOCATION CITY, TOWN OR COUNTY STATE Carroll Co, Tennessee

24. FUNERAL DIRECTOR ADDRESS Ridgeway Morticians, Paris, Tenn. 25. REGISTRATION DIST. NO. 44009 26. DATE SIGNED BY LOCAL REG. 11-17-1964 27. REGISTRAR'S SIGNATURE James M. Barnett, Dep. Reg.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED, AND WILL BE PLACED IN PERMANENT FILE.

TYPE OR WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK ACCEPTABLE. SIGNATURE MUST BE IN PERMANENT BLUE OR BLACK INK.

PHYSICIAN... WHO ATTESTED TO THE DEATH... MUST BE A LICENSED PHYSICIAN... WHO ATTESTED TO THE DEATH... MUST BE A LICENSED PHYSICIAN... WHO ATTESTED TO THE DEATH... MUST BE A LICENSED PHYSICIAN...

DO NOT WRITE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. GIVE THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL HEALTH DEPARTMENT WITHIN 72 HOURS AFTER DEATH IDENTIFYING THE CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.