

PLACE OF DEATH

DEPARTMENT OF HISTORY 64884

Division of Census and Vital Statistics

STANDARD CERTIFICATE OF DEATH FOR PHYSICIANS

County of Aurora
Township of Pleasant Lake
or
City of Plankinton

Registered No. 616

(No. 6) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.) St., Ward)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special information.")

Full Name John Mullerad Allen

Personal and Statistical Particulars.

Medical Certificate of Death

SEX Male COLOR white

DATE OF DEATH May 14 1919
(Month) (Day) (Year)

DATE OF BIRTH Aug 14 1953
(Month) (Day) (Year)

I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug 19 18 to May 14 1919
that I last saw him alive on May 6 1919
and that death occurred on the date stated above, at 6 P.M.

AGE 66 Years 9 Months Days

The cause of death was as follows:
Acute Dilatation of Heart

SINGLE, MARRIED, WIDOWED OR DIVORCED Married

BIRTHPLACE (State or Country) Tenn.

NAME OF FATHER Wm Allen

BIRTHPLACE OF FATHER (State or Country) U S a

MAIDEN NAME OF MOTHER Carson

BIRTHPLACE OF MOTHER (State or Country) Usa

OCCUPATION Farmer

(Duration) Days
Contributory High Blood pressure
Arteriosclerosis (Duration) 2 yrs
(Signed) W Guild M. D.
May 15 1919 (Address) Plankinton Ill

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Harry Allen
Address Plankinton

SPECIAL INFORMATION, only for Hospitals, Institutions, Transients or recent residents.
Former or Usual Residence How Long at Place of Death? Days
Where was disease contracted, if not at place of death?

FILED 19...

PLACE OF BURIAL OR REMOVAL Myself DATE OF BURIAL May 16 1919
UNDERTAKER Harry Anderson ADDRESS Plankinton Ill

Clerk of Courts

FOR INFORMATIONAL PURPOSES ONLY
NOT LEGAL PROOF OF IDENTIFICATION