

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

3
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1 PLACE OF DEATH
STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

County De Kalb. Registration District No. 214. File No. 3. 18
 Civil Dist. 16th or _____ Primary Registration District No. 10th Registered No. _____
 Village _____ or _____ City _____ (No. _____, _____ St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs. Vina T. Allen.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed
 (Write the word)

6 DATE OF BIRTH October, 1943.
 (Month) (Day) (Year)

7 AGE 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 4th, 1914.
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 24, 1914, to February 4, 1914, that I last saw her alive on February 4, 1914, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Apoplexy.

..... (Duration) yrs. mos. ds. 2

Contributory Heart
 (SECONDARY) (Duration) yrs. mos. ds. 2

(Signed) J. W. Robinson, M. D.
February 7, 1914 (Address) Lawrence, Tenn.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death yrs. mos. ds. In the State all life yrs. mos. ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Taylor
Liberty, Tenn. (Address)

15
 Filed February 7, 1914
J. W. Robinson
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Wade Cemetery **DATE OF BURIAL** February 5, 1914

20 UNDERTAKER J. H. Sykes **ADDRESS** Liberty, Tenn.
Route #1

Tennessee, Death Records, 1908-1958 for Mrs Vina T Allen

Record Index

Name: Mrs Vina T Allen
Gender: Female
Birth Date: 8 Oct 1843
Birth Place: Tennessee
Death Date: 4 Feb 1914
Death Place: DeKalb

Source Information

Record Url: <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=TNDeathRecords&h=598701>

Source Citation: Tennessee State Library and Archives; Nashville, Tennessee; *Tennessee Death Records, 1908-1959*; Roll #: 16

Source Information: *Ancestry.com. Tennessee, Death Records, 1908-1958 [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2011. Original data: Tennessee Death Records, 1908-1958. Nashville, Tennessee: Tennessee State Library and Archives. Tennessee City Death Records Nashville, Knoxville, Chattanooga, Memphis 1848-1907. Nashville, Tennessee: Tennessee State Library and Archives.*