

**CERTIFICATE OF DEATH**  
 STATE OF ALABAMA—BUREAU OF VITAL STATISTICS  
 STATE BOARD OF HEALTH

 File No for State Registrar Only  
**11765**

## PLACE OF DEATH

 County Franklin Reg. District of 122-5014 Certificate No. 11  
 Town or City Franklinville Street (or R. F. D.) W. F. D. Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

a. of residence in city or town where death occurred yrs. mos. ds. Row long in U. S. If of foreign birth? yrs. mos. ds.

 FULL NAME Frank Leon Allen  
 (a) Residence, No. Newbern Alabama Street or R. F. D. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

 SEX Male 1. Color of Hair White 2. Single, Married, Widowed, or Divorced (circle the word) Married  
 If married, widowed, or divorced HUSBAND OF Jane Rogers WIFE OF \_\_\_\_\_

 DATE OF BIRTH (month, day, and year) \_\_\_\_\_  
 AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If L.P.S.D. (less 1 day, 2 hrs. or min) \_\_\_\_\_

 3. Trade, profession, or particular kind of work done, as plumber, Sawyer, bookkeeper, etc. Farmer  
 4. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at (this occupation (month and year)) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

 BIRTHPLACE (city or town) \_\_\_\_\_ (State of country) Franklinville Ala

12. NAME \_\_\_\_\_

13. BIRTHPLACE (city or town) \_\_\_\_\_ (State of country) \_\_\_\_\_

14. MAIDEN NAME \_\_\_\_\_

 15. BIRTHPLACE (city or town) Hale County (State of country) \_\_\_\_\_

INFORMANT \_\_\_\_\_ (Address) \_\_\_\_\_

 BURIAL, CREMATION, OR REMOVAL Place Newbern Date \_\_\_\_\_

 16. UNDERTAKER B. E. Davis (Address) \_\_\_\_\_

 17. File No. 122-5014 1933 3 Reg. 122-5014

## MEDICAL CERTIFICATE OF DEATH

 18. DATE OF DEATH (month, day, and year) July 30 1933

19. 1. MENTAL CERTIFY that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ 1933

 I last saw him/her on July 30 1933 death is said to have occurred on the date stated above, at \_\_\_\_\_

The principal cause of death and related causes of importance in order of merit are as follows:

Acute dilation of right ventricle of the heart Date of onset July 30

 Contributory causes of importance not related to principal cause: Athletes Heart 95

 20. Was an operation performed? no Date of \_\_\_\_\_

 For what disease or injury? Acute dilation of right ventricle of the heart

 What test confirmed diagnosis? no Was there an autopsy? no

 21. If death was due to external cause (violence) fill in also the following: Accidental, suicide, or homicide? no Date of injury July 30 1933

 Where did injury occur? no (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 \_\_\_\_\_

 22. Was disease or injury in any way related to occupation of deceased? no If \_\_\_\_\_

 (Signature) W. F. D. M. D.

 (Address) Newbern

 Gainesville, Ala.  
 Frank Leon Allen  
 Newbern, Ala.

DOD--July 30, 1933

Jane Rogers

 Age 45  
 Farmer (??)  
 Owner

Athletes Heart

 Acute dilation of  
 right ventricle of  
 the heart

 Hale Co., Ala.  
 Briant Lee Allen  
 Hale County  
 (nothing shown)  
 Hale County

Newbern