

CERTIFICATE OF DEATH  
FLORIDASTATE FILE NO. **11622**

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY <b>Pinellas</b>		CODE NO. <b>62-10</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Florida</b> b. COUNTY <b>Pinellas</b>	
b. CITY, TOWN, OR LOCATION <b>St. Petersburg</b>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	c. CITY, TOWN, OR LOCATION <b>St. Petersburg</b>	
4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>2311 8th Street So.</b>		c. LENGTH OF STAY IN I. <b>26 yrs.</b>	d. STREET ADDRESS <b>456 49th Street North</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Thomas</b> Last <b>Allen</b>			4. DATE OF DEATH Month <b>March</b> Day <b>29</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>September 30, 1905</b>	9. AGE (In years last birthday) <b>53</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Base Ball Player</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Professional</b>	11. BIRTHPLACE (State or foreign country) <b>Lenoir, North Carolina</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Robert Lee Allen</b>		
14. MOTHER'S MAIDEN NAME <b>Myra Garvey</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>- -</b>		17. INFORMANT'S SIGNATURE <i>Lita Allen</i> Address <b>456 49th St. No., St. Petersburg, Florida</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis.</b> DUE TO (b) <b>Arteriosclerotic Heart Disease.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4200</b>				INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. (Probably) ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Greensboro, North Carolina</b>
21. I attended the deceased from <b>July 22, 1954</b> to <b>3/29/59</b> and last saw <del>him</del> <b>him</b> alive on <b>3/26/59</b> . Death occurred at <b>7 a. m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Nathaniel C. Johnson M.D.</i>		
22b. ADDRESS <b>St. Petersburg, Fla.</b>		22c. DATE SIGNED <b>3/31/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>April 1, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>- -</b>		23d. LOCATION (City, town, or county) (State) <b>Greensboro, North Carolina</b>
24. FUNERAL DIRECTOR'S SIGNATURE <i>John B. Rhodes, Inc.</i>		25. DATE RECD. BY LOCAL REG. <b>4-1-59</b>		26. REGISTRAR'S SIGNATURE <i>Emilia B. Kneer</i>

MEDICAL CERTIFICATION