

## CERTIFICATE OF DEATH.

## DISTRICT OF COLUMBIA.

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE

1. Date of this Death Dec 19/14 1914  
 2. Full Name of Deceased Douglas L. Allison  
 If an unnamed infant, insert full names of both parents.  
 3. Sex: MALE 4. Age: 70 5. Color: WHITE 6. Conjugal Condition: SINGLE  
~~FEMALE~~ YEARS MONTHS DAYS COLORED INDIAN CHINESE JAPANESE MARRIED WIDOWED DIVORCED

Under sex, color and conjugal condition, strike out the words not applicable.  
 Under color, the term "colored" includes all of African descent, whether of pure or mixed blood.

7. Occupation Clerk Post Office 560  
 8. Birthplace of Deceased Pa.  
 9. Birthplace of Father England  
 10. Birthplace of Mother Scotland  
 11. Duration of Residence in this District 28 yrs  
 12. Place of Death 1213 Girard St N.W.  
 If born in the United States, give State, Territory or District; otherwise, give country.

13. Cause of Death  
 PRIMARY Endocarditis  
 IMMEDIATE Acute Cardiac Necrosis  
 DURATION Subm.

14. If Death Occurred in an Institution, give  
 NAME OF INSTITUTION \_\_\_\_\_  
 LENGTH OF TIME DECEASED WAS AN INMATE \_\_\_\_\_

15. If Deceased Did Not Die at His or Her Residence, give  
 PLACE OF RESIDENCE \_\_\_\_\_

I hereby certify that I attended the deceased professionally during \_\_\_\_\_ last illness,  
 \_\_\_\_\_, M. D.  
 Address \_\_\_\_\_

To Be Filled Out and Signed by the Undertaker:  
 PLACE OF BURIAL Rock Creek DATE OF BURIAL Dec. 21 1916

If Body is to Be Buried Outside of the District, State:

ROUTE OF TRANSPORTATION \_\_\_\_\_ DATE OF REMOVAL \_\_\_\_\_ 1916  
 SIGNATURE John Wright UNDERTAKER