

## 1 PLACE OF DEATH

County OSHTON  
 Township MOSCOW  
 Village \_\_\_\_\_  
 City \_\_\_\_\_

## STATE OF MICHIGAN

Department of State - Division of Vital Statistics

## CERTIFICATE OF DEATH

Register No. \_\_\_\_\_

JUL 5 1920

St. \_\_\_\_\_ Ward \_\_\_\_\_

(No. \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Roscoe Emerson Allen(a) Residence No. \_\_\_\_\_ St., Ward, \_\_\_\_\_  
(Usual place of abode.) (If non-resident, city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Deceased (write the word.) Single6a If (widowed, widowed, or divorced) HUSBAND of \_\_\_\_\_6 DATE OF BIRTH (Month, day and year) April 23d. 19207 AGE Years Months Days 2 7 If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Moscow Twp. Mich.10 NAME OF FATHER Clifford Allen11 BIRTHPLACE OF FATHER (city or town) (State or country) Williams Co. Ohio.12 M A I D E N N A M E OF M O T H E R Violet Alberteen Lamb13 BIRTHPLACE OF MOTHER (city or town) (state or country) North Adams, Mich.14 Informant W. C. Allen  
(Address) North Adams, Mich.15 Filed July 5, 1920 Mrs. Clark

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 30th. 192017 I HEREBY CERTIFY, That I attended deceased from Apr 21<sup>st</sup>, 1920, to June 29, 1920that I last saw him alive on June 27, 1920 andthat death occurred on the date stated above at 6:30 A.M.

The CAUSE OF DEATH\* was as follows:

Malnutrition, non-accidental  
7 April 1920(duration) yrs. mos. ds. 2 mos. 7 ds.CONTRIBUTORY None  
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted  
If not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis?

(Signed) Samuel Morgan M. D.  
Address North Adams, Mich.

\*State the Disease Cause Death, or its code from Primary Cause, when (1) MEANS AND MANNER OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HEAVEN-SENT. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

North Adams Cemetery7/1/20 1920

20 UNDERTAKER

H. E. Young & Son

Address

No. Adams