152 - 1- Tate of texas			CERTIFICA	TE OF DEATH	STATE	FILE NO		5743	
PLACE OF DEAT	TH .			2. USUAL RESIDENCE (W			residence before	idmission)	
. COUNTY	LUBBO				CXAS	b. COU		воск	
b. CITY OR	TOWN (Il outside ci	y limits, give precinct	o.) c. LENGTH OF STAY	c. CITY OR TOWN	If outside city li	mits, give precinct	no.)		
	ввоск		LUBBOCK						
d. NAME OF	OR WE	o street address)		d. STREET ADDRESS	5 (If rural, give loc	cation)			
the state of the state of	A COLUMN TO STATE OF THE PARTY		S HOSPITAL	NAME OF PERSONS ASSESSED.	1 28th 5				
. IS PLACE	OF DEATH INSIDE	CITY LIMITS?	31 33 50 300 Mentes 200 10 10 10 10 10 10 10 10 10 10 10 10 1	e. IS RESIDENCE II	NSIDE CITY LIN	AITS?	f. IS RESIDENCE	ON A FARM	7
CANADON NATION		YES 🍱	NO 🗆	YES	29	но 🗆	YES		NOC
NAME OF	(a) First		(b) Middle	(c) Lost	4. DA	TE OF DEATH		3 000	
(Type or print)	FLETC	HER	MANSON	ALLEN	0	CTOBE	ER 16, 1	959	
. SEX	6. CC	LOR OR RACE	7. Married CK Never Married	8. DATE OF BIRTH		9. AGE (In years last birthday)	LE UNDER LY	EAR LIF UND	ER 24 H
MALE	w	HITE	Widowed Divorced	0 22 100/	ļ	73	Months Days	Houn	Minute
. USUAL CCCU	JPATION (Give kind	of work done: 10b. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)		12. CITIZEN OF	WHAT CO	INTRY?
dunna most of v	SPROM	tiradi	PORTS	WEST PI			UNITE		The Park
. FATHER'S NAM	AE			14. MOTHER'S MAIDEN		1410.	TOMITE	DOIN	TES
SAN	MUEL M	. ALLEN		MARY A	ANN GA	LLOW	ΑY		
. WAS DECEASE	DEVER IN U.S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT					
es, no. oNychown)	(If yes, give we	r or dates of service)	459-24-6150	MRS. F	. M. AL	LEN			
II. CAUSE OF	DEATH (Ester au			5.500 miles (1.500					
	DEVILL FEBRUAR ON	y one cause per line fo	or (a), (b), and (c).1 _					INTEGAVÍ	MINTH
PART I.	DEATH WAS CAU	y one cause per line for SED BY:	or (a). (b). and (c)	l. selesas			CA	ONSET AN	HIMIEN D DEATH
PART I, I	DEATH WAS CAU	y one cause per line fo SED BY: MMEDIATE CAUSE (76). (b). and (c).) Meculle-ye	le peloros	-e	3-	Esteur	Z.J.	D DEATH
Condition which gave above cau	ns, if any, ne rise to use (a).	y one cause per line for SED BY: MMEDIATE CAUSE (A		li pelmos			Situa	T.J.	BIWIEN D DEATH 2 CC
Condition which gav	ns, if any, ne rise to use (a), a under-	DUE 70 (t	1	le octors			Stu	T.L	BITWIEN D DEATH
Condition which gave above cau stating the lying cause	nt, if any, re rise to use (a), a under- e last.	DUE TO (1			NTION GIVEN IN		ts.	2 yes
Condition which gave above cau stating the lying cause	nt, if any, re rise to use (a), a under- e last.	DUE TO (l			NTION GIVEN IN		19. WAS AU FORMED	TOPSY PI
Condition which gav above cau stating the lying caus	nt, if any, ne rise to one (a), a under- e lest. OTHER SIGNIFICA	DUE TO (C	l	RELATED TO THE TERMINAL	DISEASE COND		I PART I(a)	ts.	2 yes
Condition which gav above caustating the lying cause	nt, if any, no rins to no rins to no rins o under- e lest. OTHER SIGNIFICA DENT SUICID	DUE TO (C). ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE COND	ert II of Item 18.)	i PART I(a)	19. WAS AU FORMED! YES	TOPSY P
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