

1. PLACE OF DEATH a. COUNTY <b>LUBBOCK</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>TEXAS</b> b. COUNTY <b>LUBBOCK</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>LUBBOCK</b>		c. LENGTH OF STAY in 1 b.	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>LUBBOCK</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>WEST TEXAS HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>3701 28th Street</b>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) (a) First <b>FLETCHER</b> (b) Middle <b>MANSON</b> (c) Last <b>ALLEN</b>			4. DATE OF DEATH <b>OCTOBER 16, 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>8-23-1886</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired <b>SPORTS PROMOTER SPORTS</b>			11. BIRTHPLACE (State or foreign country) <b>WEST PLAINS, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>UNITED STATES</b>
13. FATHER'S NAME <b>SAMUEL M. ALLEN</b>			14. MOTHER'S MAIDEN NAME <b>MARY ANN GALLOWAY</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>459-24-6150</b>	17. INFORMANT <b>MRS. F. M. ALLEN</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>Multiple sclerosis</b> <i>Estimated 2 years</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>None</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>-</b>			
20c. TIME OF INJURY Hour Month Day Year <b>Hour a.m. p.m.</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>-</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Lubbock</b>		20g. COUNTY STATE <b>Lubbock Texas</b>	
21. I hereby certify that I attended the deceased from <b>August 16 Oct 1959</b> to <b>24 Oct 1959</b> and last saw the deceased alive on <b>24 Oct 1959</b> Death occurred at <b>7:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. C. Douglas, Registrar</b>			22b. ADDRESS <b>Lubbock, Texas</b>		22c. DATE SIGNED <b>10-19-59</b>
23a. BURIAL, CREMATION; REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10-18-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CITY OF LUBBOCK CEMETERY</b>		
23d. LOCATION (City, town, or county) <b>LUBBOCK TEXAS</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>RIX Wayne Chapin 4797</b>			
25a. REGISTRAR'S FILE NO. <b>734</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>OCT 21 1959</b>		25c. REGISTRAR'S SIGNATURE <b>Laveria Lowe Off: A.L.C.</b>		

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

TEXAS DEPARTMENT OF HEALTH  
REC'D OCT 23 1959  
BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58