

001883

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CERTIFICATE OF DEATH

h.o. (200)

24169

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 14
REG. DIST. NO. 31

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE BY A PHOTOSTAT.

1. FULL NAME 0305 Martha Gelda Kee 2. DATE OF DEATH Dec 17 1942

3. PLACE OF DEATH:
A) COUNTY Benton CIVIL DISTRICT 5th
B) CITY OR TOWN Cassden, Rural
C) NAME OF HOSPITAL _____
D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. LEGAL RESIDENCE:
A) STATE Tenn.
B) COUNTY Benton CIVIL DISTRICT 5th
C) CITY OR TOWN R # 4
D) STREET NO. _____
E) CITIZEN OF FOREIGN COUNTRY _____ (YES OR NO)
IF YES, NAME COUNTRY _____

5. RACE OR COLOR W. 6. SEX M 7. SINGLE, MARRIED, WIDOWED, DIVORCED
8. AGE 72 YEARS 4 MONTHS 15 DAYS IF LESS THAN ONE DAY HRS. MINS.

MEDICAL CERTIFICATION
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____
AND THAT I LAST SAW HIM ALIVE ON _____ 19____
AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

9. DATE OF BIRTH: MONTH Aug DAY 2 YEAR 1870
10. PLACE OF BIRTH: CITY OR COUNTY Benton STATE OR COUNTRY Tenn
11. HUSBAND OR WIFE OF D. J. Kee
AGE OF HUSBAND OR WIFE, IF LIVING 70 YEARS

IMMEDIATE CAUSE OF DEATH:
In attending Physician DURATION 200c

12. IF VETERAN SOCIAL SECURITY NUMBER
13. USUAL OCCUPATION Housewife

DUE TO: _____
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)
OPERATION? FINDINGS
AUTOPSY? FINDINGS

14. INDUSTRY OR BUSINESS
15. FATHER FULL NAME William Allen Kee
BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn
16. MOTHER MAIDEN NAME Johanna Butler
BIRTHPLACE CITY OR COUNTY Carroll STATE OR COUNTRY Tenn

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

17. INFORMANT S. J. Kee
ADDRESS Cassden, Tenn
18. BURIAL, REMOVAL OR CREMATION Burial DATE 12/18 1942
CEMETERY Truce PLACE Cassden, Tenn

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) _____
B) DATE OF OCCURRENCE _____
C) WHERE DID INJURY OCCUR _____ CITY COUNTY STATE
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?
WHILE AT WORK MEANS OF INJURY

19. UNDERTAKER Cassden Funeral Home
ADDRESS Cassden, Tenn BY Mod B...
DATE FILED 1/9 1943 Night Registrar REGISTRAR

SIGNATURE A. Micho M.D.
ADDRESS Cassden DATE SIGNED 1-9-43