

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH					STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH									
County		Carroll			23481									
Civil Dis.		16			File No. 20									
or Village		Bruceston			Reg. No. 358									
or City		(No., St.; Ward)												
(If death occurred in a hospital or institution, give its NAME instead of street and number)														
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.														
2. FULL NAME T.F. Kee														
(a) Residence: No. Camden, R.F.D. -6					St., Ward.									
(Usual place of abode)					(If nonresident give city or town and State)									
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH									
3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH (month, day, and year)							
Male		White		Married			May 18, 1931							
5a. If married, widowed, or divorced HUSBAND of Rosana A. Pierce Kee (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from 5-16-1931, to 5-18-1931, I last saw him alive on 5-18-1931, death is said to have occurred on the date stated above, at 11:45 A.M.									
6. DATE OF BIRTH (month, day, and year) Nov. 8, 1851.					The principal cause of death and related causes of importance in order of onset were as follows:									
7. AGE		Years		Months		Days		If LESS than 1 day, hrs. or min.						
		79		6		10								
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.					Resights disease of the kidneys									
										9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. VVVV				
										10. Date deceased last worked at this occupation (month and year) 1928				
11. Total time (years) spent in this occupation. Life.					Contributory causes of importance not related to principal cause: 129									
12. BIRTHPLACE (city or town) (State or country) Tenn.					Name of operation.....Date of.....									
13. NAME Howel Kee.					What test confirmed diagnosis?.....Was there an autopsy?.....									
					14. BIRTHPLACE (city or town) (State or country) N.C.									
15. MAIDEN NAME Catherine Hailey.					23. If death was due to external causes (violence) fill in also the following:									
					16. BIRTHPLACE (city or town) (State or country) N.C.									
17. INFORMANT D.T. Kee. (Address) Camden/ R #6.					Accident, suicide, or homicide?.....Date of injury....., 19.....									
18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Cem. May 19, 1931					Where did injury occur?..... (Specify city or town, county, and State)									
19. UNDERTAKER Dilday & Son. (Address) Huntingdon					Specify whether injury occurred in industry, in home, or in public place.									
20. FILED 10-10-31 H. J. ... Registrar.					Manner of injury.....									
					Nature of injury.....									
					24. Was disease or injury in any way related to occupation of deceased? 20									
					If so, specify.....									
					(Signed) L. L. Duncan, M. D.									
					(Address) Hollow Rock Tenn									