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BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. **50-02006**

1. NAME <i>Daniel Jackson Kee</i>			2. DATE OF DEATH <i>Feb 11, 1950</i>		
3. COLOR OR RACE <i>W</i>			4. SEX <i>M</i>		5. SINGLE, MARRIED WIDOWED, DIVORCED (SPECIFY)
6. DATE OF BIRTH <i>Dec 11, 1872</i>		7. AGE (IN YEARS) <i>77</i>		IF UNDER 1 YR. MONTHS	IF UNDER 24 HRS. DAYS
8. PLACE OF DEATH			9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)		
A. COUNTY <i>Benton</i>		B. CIVIL DISTRICT <i>5th</i>	A. STATE <i>Tenn</i>		B. COUNTY <i>Benton</i> C. CIVIL DISTRICT <i>5th</i>
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) <i>Camden</i>			D. LENGTH OF STAY IN THIS PLACE <i>year.</i>		
E. NAME OF HOSPITAL (If not in Hospital or Institution, Give Street Address and Location) <i>Home</i>			E. STREET (IF RURAL, GIVE LOCATION) ADDRESS		
10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. SOCIAL SECURITY NUMBER	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN		13. BIRTHPLACE (State or Foreign Country) <i>Benton Co.</i>		14. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. FATHER'S NAME <i>Thomas Kee</i>		16. MOTHER'S MAIDEN NAME <i>Elizabeth Allen</i>		17. INFORMANT <i>J.B. Bartel, Memphis, Tenn</i>	
MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <i>Coronary Occlusion</i>					<i>3 hr.</i>
ANTECEDENT CAUSES					
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.					
DUE TO (B) <i>Hypertensive Cardiy-</i>					<i>420.1</i>
DUE TO (C) <i>Vascular Renal disease</i>					<i>442</i>
2. OTHER SIGNIFICANT CONDITIONS					
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20A. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
20B. FINDINGS AT AUTOPSY		21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE		21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Build'g, etc.)	
21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE		21D. TIME OF INJURY MONTH DAY YEAR HOUR		21E. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK AT WORK	
21F. HOW DID INJURY OCCUR? <i>STATE HEALTH DEPT</i>		22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE		SIGNATURE <i>R. Horton</i> M.D. <input checked="" type="checkbox"/> OTHER (SPECIFY)	
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		23B. DATE OF BURIAL, CREMATION, OR REMOVAL <i>2/12/1950</i>		23C. NAME OF Cemetery or Crematory <i>Pleasant Hill</i>	
23D. LOCATION CITY, TOWN OR COUNTY STATE		24. FUNERAL DIRECTOR <i>Camden Funeral Home, Camden, Tenn</i>		25. REGISTRATION DIST. NO. <i>31</i>	
26. DATE SIGNED BY LOCAL REG. <i>3-3-1950</i>		27. REGISTRAR'S SIGNATURE <i>L. H. Barrow</i>			

PLAINLY WITH PERMANENT INK OR WRITER.

IF DEATH IS CAUSED BY DISEASE, THE CAUSE OF DEATH AND SIGNATURE OF PHYSICIAN MUST BE PLACED IN ATTENDANCE OF HEALTH OFFICER OR CORONER. REQUEST FOR SIGNATURE MUST COME FROM PHYSICIAN AND SIGNATURE MUST BE PLACED IN ATTENDANCE OF HEALTH OFFICER OR CORONER. POWER OF SIGNATURE CANNOT BE DELEGATED.

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