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CERTIFICATE OF DEATH

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

REG. NO. 1
REG. DIST. NO. 40304

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 WITH PHOTOSTAT.

1. FULL NAME John Allen Kee 2. DATE OF DEATH Jan 5 1941
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:
 A) COUNTY Benton CIVIL DISTRICT 4
 B) CITY OR TOWN Rural
(IF OUTSIDE CITY LIMITS, WRITE RURAL)
 C) NAME OF HOSPITAL _____
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
 D) LENGTH OF STAY: IN HOSPITAL _____ IN COMMUNITY _____

4. LEGAL RESIDENCE: A) STATE Tenn
 B) COUNTY Benton CIVIL DISTRICT 4
 C) CITY OR TOWN Candlen Rt. # 3-
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
 D) STREET NO. _____
 E) IF FOREIGN BORN HOW LONG IN U.S.A. _____ YRS.

5. RACE OR COLOR W 6. SEX M 7. SINGLE, MARRIED, Married
WIDOWED, DIVORCED
 8. AGE 66 YEARS 6 MONTHS 10 DAYS 10 HRS. 10 MINS.

9. DATE OF BIRTH: MONTH June DAY 25 YEAR 1874

10. PLACE OF BIRTH: CITY OR COUNTY Benton Co STATE OR COUNTRY Tennessee

11. HUSBAND OR WIFE OF Parlie Kee
 AGE OF HUSBAND OR WIFE, IF LIVING 65 YEARS

12. IF VETERAN NAME OF WAR _____ SOCIAL SECURITY NUMBER _____

13. USUAL OCCUPATION Farmer

14. INDUSTRY OR BUSINESS _____

FATHER 15. FULL NAME Tom Kee

BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

MOTHER 16. MAIDEN NAME Elizabeth Allen

BIRTHPLACE CITY OR COUNTY Benton STATE OR COUNTRY Tenn

17. INFORMANT J. M. Kee

ADDRESS Candlen Tenn

18. BURIAL, REMOVAL OR CREMATION Burial DATE 1/6 1941

CEMETERY Cross Road PLACE Candlen, Tenn

19. UNDERTAKER Candlen Funeral Home

ADDRESS Candlen Tenn BY J. F. Linder

DATE FILED Jan 11 1941 B. H. Harwood REGISTRAR

MEDICAL CERTIFICATION
 20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 25 1940 TO Jan 1 1941
 AND THAT I LAST SAW HIM ALIVE ON Jan 1 1941
 AND THAT DEATH OCCURRED ON THE DATE STATED AT _____ M.

IMMEDIATE CAUSE OF DEATH:
Influenza
Complicated
Edema
 DUE TO: _____
 DURATION 33B

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH) _____
 OPERATION? FINDINGS _____
 AUTOPSY? FINDINGS _____
 PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

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 _____

SIGNATURE A. J. Harman M.D.

ADDRESS Candlen DATE SIGNED Jan 11