

WHILE PLAIN, UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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

County Jackson

Civil Dist. 12

Village Clenny

City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

22

Registration District No. 44412

File No. 2

Primary Registration District No. 12

Registered No. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Vessie Lee Keith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH December 7, 1915
(Month) (Day) (Year)

7 AGE 3 2 4 If LESS than 1 day, ---hrs. or ---min.?
yrs. mos. ds.

8 OCCUPATION Nurse
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER Palo Keith

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Ollie Chaffin

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Palo Keith
Gainesboro Tenn R # 3
(Address)

16 Filed Feb 15, 1918 Jno B Billingsley
Gainesboro Tenn REGISTRAR
R # 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 11, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1917, to Feb, 1918, that I last saw her alive on Feb, 1918, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:
Epidemic cerebro spinal meningitis followed pneumonia
(Duration) --- yrs. --- mos. --- ds. 1 10

Contributory (SECONDARY) _____
(Duration) --- yrs. --- mos. --- ds.
(Signed) N M Nelson, M. D.
Feb 15, 1918 Gainesboro Tenn R # 3 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death --- yrs. --- mos. --- ds. In the State --- yrs. --- mos. --- ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Price Cemetery DATE OF BURIAL Feb 12, 1918

20 UNDERTAKER John Willmoth ADDRESS Gainesboro Tenn R # 3