

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH 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. 13

Village _____

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

STATE OF TENNESSEE

254

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44413

File No. 68

Primary Registration District No. 13

Registered No. 68

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

2 FULL NAME Jacobiah Taylor Keeling

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct - 7, 1847
(Month) (Day) (Year)

7 AGE 72 yrs. 10 mos. 29 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Brady Keeling

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Betsy Flinn

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Jno. B. Keeling
[Address] Whitesville

15 Filed Oct 20 1920 J. D. Dumas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept - 6 - 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 20 - 1920, to Sept 4, 1920, that I last saw him alive on Sept 4, 1920, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows: Astero Schistos 916

[Duration] ____ yrs. ____ mos. ____ ds.

Contributory [SECONDARY] [Duration] ____ yrs. ____ mos. ____ ds.

Signed J. D. Dumas M. D.
Sept - 6 - 1920 Address Whitesville

* 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 72 yrs. 10 mos. 29 ds. In the State 72 yrs. 10 mos. 29 ds.

Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Keeling County DATE OF BURIAL Sept 7 - 1920

20 UNDERTAKER None ADDRESS _____