

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 White
 Civil Dist. 3
 OR
 Village Doyle
 OR
 City (No. , St.; , Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

28594

CERTIFICATE OF DEATH

Registration District No. 943
 Primary Registration District No. _____

File No. 4

Registered No. 4

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

2 FULL NAME Emmer May Keer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ♀ 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 (Write the word)
 6 DATE OF BIRTH DEC 30 1927
 (Month) (Day) (Year)
 7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day 23 hrs. or 34 min.?

8 OCCUPATION
 (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) White, Co.

PARENTS
 10 NAME OF FATHER William E. Keer
 11 BIRTHPLACE OF FATHER [State or country] Colorado
 12 MAIDEN NAME OF MOTHER Anna E. Moore
 13 BIRTHPLACE OF MOTHER [State or country] White Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Ed Keer
 [Address] Doyle Tenn

15 Filed Jan 7, 1928 Mrs J B Spurrman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 31 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 12-30 1927 to 12-31 1927, that I last saw h. alive on 12-31-1927 and that death occurred, on the date stated above, at _____ M
 The CAUSE OF DEATH* was as follows:

Premature Birth
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
 Signed H. S. Aurbach M. D.
1-1-1928 Address Doyle Tenn

* State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 Greenwood DATE OF BURIAL Jan 2 1928
 20 UNDERTAKER W. T. Taylor ADDRESS Doyle Tenn