

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 SullivanCivil Dist. 19or
VillageCity KingsportRegistration District No. 835

Primary Registration District No. _____

File No. _____

Registered No. 67

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

2 FULL NAME

Montie Keen

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

365

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)married

6 DATE OF BIRTH

not known, 1
(Month) (Day) (Year)

7 AGE

30

yrs. mos. ds.

If LESS than
1 day, ---hrs.
or ---min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of workHousewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country)

Va

PARENTS

10 NAME OF
FATHERJames Layne11 BIRTHPLACE
OF FATHER
(State or country)Va12 MAIDEN NAME
OF MOTHERMary Owens13 BIRTHPLACE
OF MOTHER
(State or country)Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo Anderson

(Address)

Bloomington Tenn

15

Filed

Apr 10, 1917E. W. Tipton

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 10, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Apr 10 1917, to Apr 10, 1917,that I last saw her alive on Apr 10, 1917,and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion112

(Duration) --- yrs. --- mos. --- ds.

Contributory

(SECONDARY)

(Duration) --- yrs. --- mos. --- ds.

(Signed)

L. B. McCarty, M. D.4-10, 1917 (Address) Bloomington Tenn

*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

DATE OF BURIAL

Reedy CreekApr 11, 1917

20 UNDERTAKER

ADDRESS

Geo. AndersonBloomington Tenn

Citation:

"Sullivan, Tennessee, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:S3HT-D5P3-WYM?view=index> : May 16, 2025), image 160 of 521; Tennessee State Library and Archives (Nashville, Tennessee), Tennessee. County Court (Davidson County).
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