

TEXAS STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

Registrar's No. 90

1 PLACE OF DEATH  
STATE OF TEXAS  
COUNTY OF Walker  
CITY OR  
PRECINCT NO. Huntsville

No. \_\_\_\_\_ Street \_\_\_\_\_  
If in an institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days \_\_\_\_\_ How long in U. S. if foreign born? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

2 FULL NAME  
OF DECEASED Ira McKee

Residence: No. \_\_\_\_\_ Street \_\_\_\_\_

If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE	5. Single Married Widowed Divorced (Write the word) <u>Married</u>
6a. (If married, widowed, or divorced HUSBAND of (or) WIFE of		
7. DATE OF BIRTH (month, day, and year) <u>1901</u>		
7. AGE <u>32</u> Years <u>XX</u> Months <u>XX</u> Days	If LESS than 1 day, _____ hrs. _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Texas.</u>		
13. NAME <u>Samuel McKee</u>		
14. BIRTHPLACE (city or town) (State or country) <u>Texas</u>		
15. MAIDEN NAME <u>Eliza Hunter</u>		
16. BIRTHPLACE (City or town) (State or county) <u>Texas</u>		
17. INFORMANT		
(Address)		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Chc.</u> Date <u>1/8/32</u> 19		
19. UNDERTAKER <u>none</u>		
(Address)		
20. FILE DATE AND SIGNATURE OF REGISTRAR <u>10/14/33</u> <u>Kate Barr</u>		

21. DATE OF DEATH  
(month, day, and year) Jan, 1, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from  
Jan, 1, 1932 19 to Jan, 1, 1932 19

I last saw h. in alive on Jan, 1, 1932 19; death is said  
to have occurred on the date stated above, at 12:05 A. m. Date of  
onset

The principal cause of death and related causes of importance  
were as follows:

Other contributory causes of importance:

Name of operation \_\_\_\_\_ date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_

Date of injury \_\_\_\_\_ 19

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in in-  
dustry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way  
related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. B. [Signature] M.  
(Address) Huntsville Tex

STATE OF TEXAS  
COUNTY OF WALKER  
I, James D. Patton, County Clerk of Walker County Texas,  
do hereby certify that the foregoing is a true and correct  
copy of the original record and that it appears on file under  
file # 10/14/33  
records of Walker County Texas.  
James D. Patton, County Clerk  
Walker County, Texas  
By [Signature] Deputy