

FADING INK—THIS IS A PERMANENT RECORD. Where stillborn is given as cause of U. S. file birth certificate. 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.

TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS Standard Certificate of Death.				Registrar's No. _____
<b>1 PLACE OF DEATH</b> State of Texas COUNTY OF <u>Gray</u> CITY OR PRECINCT <u>Pampa</u>				No. _____ Street _____ Residence No. _____ Street _____ How long in U. S. _____ yrs. _____ mos. _____ days If foreign born? _____ yrs. _____ mos. _____ days
<b>2 FULL NAME OF DECEASED</b> <u>Jessie, Oscar Mc Kee</u>				
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS		
<b>3 SEX</b> <u>M</u>	<b>4 COLOR OR RACE</b> <u>W</u>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (Write the word) <u>S.</u>	<b>16 DATE OF DEATH</b> <u>Mar 23</u> 19 <u>30</u>	
<b>6a If married, widowed, or divorced HUSBAND of (or) WIFE of</b> _____			<b>17</b> I HEREBY CERTIFY, That I attended deceased from <u>Saw him Dead</u> , 19 <u>30</u> that I last saw him alive on <u>3-23</u> , 19 <u>30</u> and that death occurred on the date stated above, at <u>3:00</u> p. m. The CAUSE OF DEATH was as follows: <u>Gun Shot Wound</u>	
<b>6 DATE OF BIRTH</b> (Month, day, and year) <u>July 15, 1901</u>	<b>7 AGE</b> Yrs. <u>29</u> Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.)	<b>18</b> (duration) _____ yrs. _____ mos. _____ ds. <b>CONTRIBUTORY</b> (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds. <b>18</b> Where was disease contracted _____ if not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____		
<b>8 OCCUPATION OF DECEASED</b> (a) Trade, profession or particular kind of work <u>Oil Field worker</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Signed) <u>G. E. Cary</u> Coroner <u>3-25</u> 19 <u>30</u> (Address) <u>Pampa</u>	
<b>9 BIRTHPLACE</b> (State or country) <u>Texas</u>			<b>19 PLACE OF BURIAL OR REMOVAL</b> <u>Memorial Park</u>	
<b>10 NAME OF FATHER</b> <u>Samuel R McKee</u>			<b>DATE OF BURIAL</b> _____ 19 _____	
<b>11 BIRTHPLACE OF FATHER</b> (State or country) <u>Ill</u>			<b>20 UNDERTAKER</b> <u>Stephenson Funeral</u>	
<b>12 MAIDEN NAME OF MOTHER</b> <u>Eliza Lee Hunter</u>			<b>ADDRESS</b> <u>Pampa</u>	
<b>13 BIRTHPLACE OF MOTHER</b> (State or country) <u>Texas</u>			<b>14 Signature of Informant</b> <u>J. J. McKee</u> Address <u>Greenville Texas</u>	
<b>15 FILED</b> <u>Mar 25</u> 19 <u>30</u> <u>Charles Duerfeld</u> Registrar.				

THE STATE OF TEXAS }  
 COUNTY OF GRAY

KNOW ALL MEN BY THESE PRESENTS:

I, WANDA CARTER, County Clerk, Gray County, Texas, do hereby certify that the above and foregoing is a true and correct copy of the Death Certificate which appears of record in my office.

Witness my hand and official seal of office at Pampa, Texas, on this the 26 day of November, A.D., 1930

WANDA CARTER, Clerk of the  
 County Court of Gray County, Texas

By: Sam Walton, Deputy