

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6955

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **1417** of **12** St.)

File No.
 Registered No. **1814**
 St. Ward)

2. FULL NAME

William H. Chatham
 (a) Residence. No. **1417** of **12** St., **23** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Chatham		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24-71		
7. AGE	YEARS 58	MONTHS 4
	DAYS 25	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Machinist.**
 (b) General nature of industry, business, or establishment in which employed (or employer) **not employed**
 (c) Name of employer **none**

9. BIRTHPLACE (CITY OR TOWN) **Georgia**
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER Richard Chatham
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia
	12. MAIDEN NAME OF MOTHER Lida Fare
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia

14. INFORMANT **Susan Chatham**
 (Address) **1417 12 St**

15. FILED **21** 19 **1958**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 19 1930**

17. HEREBY CERTIFY, That I attended deceased from **June**, 19**24** to **Feb 9th**, 19**30** that I last saw him alive on **Feb 19th**, 19**30**, and that death occurred, on the date stated above, at **9:30 p.m.**

87B THE CAUSE OF DEATH* WAS AS FOLLOWS:
111B
Sy. pneumoniae Pneumonia
No. Lobar or Broncho #103
 (duration) yrs. mos. **4** ds.

CONTRIBUTORY (SECONDARY) **Paralysis Agitans**
 (duration) **8** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **84 B**
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Janet M. Tadden**, M. D.

2/20, 19**30** (Address) **940 Missouri Bldg.**
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Peter & Paul**
 DATE OF BURIAL **Feb 22 1930**

20. UNDERTAKER **Arb. Moydell**
 ADDRESS **1926 Allen**

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.

