

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

Do not use this space.

310

**FEB 18 1931**

**PLACE OF DEATH**

County Buchanan Registration District No. 86  
 Township Washington Primary Registration District No. 5127  
 City (No Industrial City) St. Mo. Ward 2

File No. \_\_\_\_\_  
 Registered No. 2

2. FULL NAME Infant Cheesman  
 (a) Residence, No. Industrial City, Mo. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4 1931  
 7. AGE YEARS MONTHS DAYS 0 0 0  
 IF LESS than 1 day, 2 hrs. or 5 min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Industrial City  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. Cheesman  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dexter  
 (STATE OR COUNTRY) Missouri  
 12. MAIDEN NAME OF MOTHER Ruth Johnson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rockport  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Wm. Cheesman  
 (Address) Industrial City, Mo.

15. FILED 15 31 31 J. Bauswick  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1931  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 7:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature  
159 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.  \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH. m DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? m  
 WHAT TEST CONFIRMED DIAGNOSIS Ulcer  
 (Signed) J. W. Alparan, M. D.  
1-5, 1931 (Address) 222 E. 10th

\*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 Mt. Auburn Cem DATE OF BURIAL Jan. 5, 1931

20. UNDERTAKER E. R. Biderfaden ADDRESS 602 So. 10th

**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.

