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.

OCT 24 1931

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

Do not use this space.

31954

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 115
Township La Font — Primary Registration District No. 5-8-02 — Registered No.
City Marston (No. 5798 St. Ward)

2. FULL NAME Vyfard Cheatham
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-29 1931
7. AGE: YEARS — MONTHS: 7 — DAYS: 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
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): Marston Mo

FATHER
13. NAME: Jess Cheatham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Obion Tenn

MOTHER
15. MAIDEN NAME: Ethel Derousse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Portageville Mo

17. INFORMANT (ADDRESS): Jess Cheatham Marston
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE 9-17 1931
19. UNDERTAKER (ADDRESS): R M Payne Portageville Mo
20. FILED 9/30 1931 B W Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-17-1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1931, to Sept 17, 1931
I last saw him alive on Sept 10, 1931. Death is said to have occurred on the date stated above, at 6 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interitis	
1198	
119	

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 industry, 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) Claude McRaven, M. D.
(Address) Marston Mo