

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township
City Fulton (No.) St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. 8697
Registered No. 55

2. FULL NAME

Kenneth Eugene Cheaton

(a) Residence No. St. 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 M. 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fulton
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Kenneth Lee Cheaton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) M= Credie
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Eliza Belle Galbreath

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) William
(STATE OR COUNTRY) Missouri

14. INFORMANT Kenneth Lee Cheaton
(Address) M= Credie, Mo.

15. FILED 3-18, 1933 R. H. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8, 1933
17.

I HEREBY CERTIFY, That I attended deceased from birth March 8, 1933 to March 8, 1933 that I last saw him alive on March 15, 1933, and that death occurred, on the date stated above, at 10 a. m,

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphycho Pneumonia Condition
Atelectasis neonatorum
Sudden death

CONTRIBUTORY (SECONDARY) 107A Broncho Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107A
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature] M. D.

(Address) 19

*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 New Richmond Cem DATE OF BURIAL Mar 19 1933

20. UNDERTAKER Eli Belle ADDRESS Fulton

Mo

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.

APR 24 1933

