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.

100M-11-24-33

SEP 11 1934

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

Do not use this space.

28990

1. PLACE OF DEATH
County Greene County
Township 2nd Franklin Tp
City Springfield (No. RT St. Ward)
Registration District No. 318
Primary Registration District No. 5439
File No.
Registered No. 264

2. FULL NAME Unnamed Cheek —
(a) Residence, No. RT 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. ½ 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/3/34
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 8 hrs. or 0 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) RT Springfield Mo

FATHER
13. NAME Robert Cheek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Creek ~~Arkansas~~ Missouri

MOTHER
15. MAIDEN NAME Rosey Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT (ADDRESS) Robert Cheek (Father) RT Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Comfort DATE 8/4 1934

19. UNDERTAKER (ADDRESS) Self Parent

20. FILED 8-3 1934 R W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/3 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/3/ 1934, to 8/3 1934
I last saw him alive on 8/3 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pre-Mature Birth

159

Date of onset

159

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

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) Alt Max Tifick, M. D.
(Address) Springfield Mo