

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.

JAN 17 1936

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

Do not use this space.

40144

1. PLACE OF DEATH

County Lewis
Township Union
City La Grange (No., Ward)

Registration District No. 480
Primary Registration District No. 4289

File No.
Registered No. 24
St. Ward)

2. FULL NAME

Melvin D. Cheesman

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17th 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

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) Hannibal Mo.

13. NAME R.M. Cheesman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Isabelle Cameron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs. Allie Cheesman (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Dec. 12 1935

19. UNDERTAKER W. H. Roberts (ADDRESS) La Grange, Mo.

20. FILED Dec 12 1935 W. B. Blaney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1935, to Dec 9 1935

I last saw him alive on Dec 9 1935. Death is said to have occurred on the date stated above, at 3 pm m.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic

Date of onset Dec 1932

Other contributory causes of importance: Acute cardiac dilatation

Dec 7-35

Name of operation None Date of
What test confirmed diagnosis? Symptom history 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? no
If so, specify
(Signed) Ernest F. Zimmerman, M. D.
(Address) Waverly, Ill.

