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.

FEB 15 1937

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

Do not use this space.

63

4 1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
4 Township — Primary Registration District No. 3002 — Registered No. 15
7 City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME Harris Cahetum Jr.
(a) Residence, No. East Bolivar 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Cahetum
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1937
7. AGE: YEARS | MONTHS | DAYS 13 | 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) Mexico Mo

FATHER
13. NAME Harris Cahetum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co Mo

MOTHER
15. MAIDEN NAME Edna Gee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Santa Fe Mo

17. INFORMANT (ADDRESS) Horace Cheatum Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo DATE 1-27, 1937

19. UNDERTAKER (ADDRESS) [illegible]

20. FILED Jan 27, 1937 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1937, to 1-27, 1937
I last saw her alive on 1-27, 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cremation	

Other contributory causes of importance:

159

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) H. J. Eaton, M. D.
(Address) Mexico, Mo.