

FEB 25 1937

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

Do not use this space.

1419

1. PLACE OF DEATH

4th County Jackson
Township Kaw
City Kansas City (No. 399)

Registration District No. 399
Primary Registration District No. 1002
Trinity Lutheran Hospital / St. Ward

File No. 210
Registered No. 210

2. FULL NAME Delfert William Cheatham

(a) Residence, No. R.R. #3 K.C. Mo. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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 Effie Cheatham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-14-1881

7. AGE YEARS 55 MONTHS 10 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. steamfitter

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) Jan-1937 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaysville Co. Mo.

13. NAME James W. Cheatham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME Luinda Haun

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs Effie Cheatham R.R. #3 K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan. 16, 37

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons Brushcreek & Paseo

20. FILED Jan 14 1937 M. M. Grome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1937, to Jan. 13, 1937

I last saw him alive on Jan. 13, 1937. Death is said to have occurred on the date stated above, at 5:00pm.

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

Bilateral broncho-pneumonia
Streptococcus septicaemia

Date of onset 1-8-37

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) _____ M. D.

(Address) 836 Professional Bldg Kansas City, Mo.

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.

1-27044

130 - 430 pm prof Bldg Vi 6087