

JAN 23 1929

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

Do not use this space.

40347

1. PLACE OF DEATH

County..... Henry  
Towship.....  
City..... Clinton Mo (No.....)

Registration District No..... 347  
Primary Registration District No..... 3018

File No.....  
Registered No. 149,  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Carden Cheatham

(a) Residence No..... St., \_\_\_\_\_ Ward, \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Max Julia Ann Cheatham

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

Aug. 24, 1854

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>4</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Carroll County Mo

10. NAME OF FATHER

Gas. M. Cheatham

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER

Julia Millsaps

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Cooper County Mo

14.

INFORMANT J. J. Cheatham

(Address) Garland Mo

FILED Dec. 29, 1928 Dr. E. C. Peelo  
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 19, 1928, to Dec 28, 1928 that I last saw him alive on 12/28-28, 1928, and that death occurred, on the date stated above, at 11 A m.

11A THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1075  
1100  
1100  
CONTRIBUTORY (SECONDARY) 1100 (duration)..... yrs. .... mos. .... ds.  
1100 (duration)..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... no

DID AN OPERATION PRECEDE DEATH..... no DATE OF.....

WAS THERE AN AUTOPSY?..... no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David H. Pogue, M. D.  
12/28, 1928 (Address) Clinton Mo

\*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

DATE OF BURIAL

Fuels Creek Cu Dec. 29, 1928

20. UNDERTAKER

ADDRESS

Lewis Walker Clinton 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.

