

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

W. C. H. H.
Do not use this space.

19241

1. PLACE OF DEATH

County HENRY Registration District No. 347 File No. _____
Township CLINTON Primary Registration District No. 3018 Registered No. 45
City CLINTON (No. _____) St. _____ Ward _____

2. FULL NAME CLAUDE E CHEATHAM

(a) Residence. No. 613 GRAND RIVER ST. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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 JEMIMA JANE CHEATHAM
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-24-1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 4 20

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) FULTON
(STATE OR COUNTRY) MISSOURI

10. NAME OF FATHER LUTHER CHEATHAM

11. BIRTHPLACE OF FATHER (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER UNKNOWN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)

14. INFORMANT CAMPBELL L. CHEATHAM
(Address) CLINTON, MO.

15. FILED 6/14, 1930 W. E. C. Peelor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-13 1930
17. I HEREBY CERTIFY, That I attended deceased from 6-1 1930, to 6-13, 1930
that I last saw him alive on 6-13, 1930; and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberc Pneumonia

11A (duration) yrs. mos. 5 ds.
108
CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
8/100 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. Walker, M. D.
674, 1930 (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 ENGLEWOOD DATE OF BURIAL 6- 1930

20. UNDERTAKER SIMS-WILKINSON ADDRESS CLINTON

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

