

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.

APR 22 1936

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

Do not use this space.

14931

1. PLACE OF DEATH

County Henry Registration District No. 14
Township Windsor Primary Registration District No. 14211
City (No.) St. Ward

File No. _____
Registered No. 11

2. FULL NAME Thomas Jefferson Cheek

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
79 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired painter
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) unknown
(STATE OR COUNTRY) Illinois

13. NAME Page Cheek

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) II

15. MAIDEN NAME Min Waggoner

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) II

17. INFORMANT Mrs. Sam Sutherland
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE April 8th, 1936

19. UNDERTAKER Huston-Turner
(ADDRESS) Windsor, Missouri

20. FILED 4-8-36 Registrar J. A. Blackmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1935, to April 6, 1936

I last saw ~~him~~ alive on March 30, 1936. Death is said to have occurred on the date stated above, at 9:50 P. M.

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

Splenic Leukemia

Date of onset 1894

120

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) J. A. Blackmore, M. D.
(Address) Windsor, Mo.

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