

FEB 17 1937

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

Do not use this space.

1073

1. PLACE OF DEATH

County Henry
Township Bethlehem
City (No.)

Registration District No. 347
Primary Registration District No. 5479A

File No.
Registered No.
St. Ward)

2. FULL NAME

Jessie Jane Cheatham
(a) Residence No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stamwork
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 250
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) Columbia Ky

13. NAME Campbell Hearst

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

15. MAIDEN NAME Sally Sharp

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

17. INFORMANT (ADDRESS) Mrs C L Cheatham Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 1/5 1937

19. UNDERTAKER (ADDRESS) Consoler & Peck Clinton mo

20. FILED 1-5 1937 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1936 to , 19 .

I last saw her alive on Sept 25, 1936 Death is said to have occurred on the date stated above, at 3 A. M.

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

Chronic Cardiac and diuretic
Severely

Date of onset 1936

Other contributory causes of importance: ASB

Name of operation none 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? no Date of injury , 19 .

Where did injury occur? none (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) S. B. Hughes M. D.
(Address) Clinton, Mo.

