

SEP 19 1935

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

Do not use this space.

1. PLACE OF DEATH

County Deer Co. Registration District No. 997
Township Gladden Primary Registration District No. 0238
City (No. _____) St. _____ Ward _____

26047

File No. _____

Registered No. 62. FULL NAME Donald William 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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Cheek</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 - 1857</u>				
7. AGE YEARS <u>84</u>	MONTHS <u>1</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>			
	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) (STATE OR COUNTRY) <u>Buffalo - Mo.</u>				
FATHER	13. NAME <u>Edward J. Cheek</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Mary Ownby</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Mildred Howell</u> <u>221 Locust & South 2nd</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope Cem</u> DATE <u>8/18</u> , 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>N. D. Fabron</u> <u>Saline, Mo.</u>				
20. FILED <u>SEP 10</u> , 19 <u>35</u> - <u>F. M. Jodwin</u> <u>Regist.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 193522. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1935, to Aug 15, 1935I last saw him alive on Aug 15, 1935 Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

Chronic HepatitisDate of onset 1933Other contributory causes of importance: ArteriosclerosisName of operation None Date of NoneWhat test confirmed diagnosis? Visual signs 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 No, 1935Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. D. Dillman, M. D.(Address) Saline, Mo.

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