S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG APR 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12527

State File No.

Registration District No. 794 Primary Registration District No. 4475 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Gilliam
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

(c) City or town Gilliam
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Belle Alexander Cheatham

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) ~~Single, widowed,~~ married, ~~divorced~~ married

6. (b) Name of husband ~~or wife~~ Fee Fee Cheatham

6. (c) Age of husband ~~or wife if~~ alive 74 years

7. Birth date of deceased May-6-1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Arrow Rock Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name James M Alexander
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice McNeil
15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Fee Cheatham
(b) Address Gilliam Mo

17. (a) Slater (Burial, cremation, or removal) (b) Date thereof 3-29-40
(Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Slater City Cemetery

18. (a) Signature of funeral director Jones & Sulger
(b) Address Slater Mo 714

19. (a) Mar 28-40 (Date received local registrar) (b) J R Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1940 hour 8 minute 15 A M.

21. I hereby certify that I attended the deceased from March 26th, 1940, to March 27th, 1940; that I last saw her alive on March 26th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	19 hrs
Due to Hemorrhage on brain	
Due to Hardening of Arteries	
Other conditions (Include pregnancy within 3 months of death) 82	

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. L. Miller (M. D. or other)
Address Gilliam Mo Date signed 3/27-1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-11-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 3/4

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.