

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

Do not use this space.

9737

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 1785) East Grand St. 2576 (Ward)

**2. FULL NAME**

Mary P. Chaney

(a) Residence. No. 5029 Sutherland St., 14 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) at home  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lexington  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER David Parke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Julia Ross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs. J. M. Chaney  
 (Address) 5029 Sutherland

15. FILED 7-13-27 Mar. C. Starkoff  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to Mar 6, 1927, that I last saw her alive on Mar 6, 1927, and that death occurred, on the date stated above, at 6:26 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Colon

(duration) 1 yrs. 6 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Pneumonia Colon  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 18, 1926  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical, Operatory, Lab.  
 (Signed) R. R. Becker M. D.

3/6, 1927 (Address) 1753 So. Grand St.

\*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 Kansas City, Mo. DATE OF BURIAL 3-8 1927

20. UNDERTAKER Peety Bros-3029 Lafayette  
 ADDRESS

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.

RECORD IS A PERMANENT RECORD

