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

Do not use this space.

17340

1. PLACE OF DEATH
County Vernon
Township ~~[illegible]~~
City Nevada Mo (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 30/39

File No. .....
Registered No. 100

2. FULL NAME Mervin Chaney
(a) Residence. No. 614 W Austin St. 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27 1842

7. AGE ~~85~~ 84 YEARS 1 MONTHS 23 DAYS If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Own Farm
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cleveland
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER James Chaney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lucy Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Key Chaney
(Address) Nevada Mo.

15. FILED 6/6, 1927 E. B. Thing
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 - 1927

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1927, to May 20, 1927 that I last saw him alive on May 20, 1927, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis
131
97 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Yater, M. D
5-21, 1927 (Address) Nevada Mo

*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 Newton Cemetery
DATE OF BURIAL 5/22-1927

20. UNDERTAKER Terry Funeral Home
ADDRESS Nevada Mo

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.