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

Do not use this space.

22449

AUG 18 1927

1. PLACE OF DEATH

County: St. Louis — Registration District No. 1123 — File No.

Township: Carondelet — Primary Registration District No. 6248 B — Registered No. 285

City: Koch Mo (No. Ro Bt Koch Hosp St. Ward)

2. FULL NAME Fannie Chaney

(a) Residence. No. 2717½ Franklin Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 3 mos. X ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 5, 1919

7. AGE: Years 8 | Months 0 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child 25
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

PARENTS

10. NAME OF FATHER: Leon Chaney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss
12. MAIDEN NAME OF MOTHER: Ada Hart Mann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss

14. INFORMANT: Koch Hosp Records
(Address): Koch Mo

15. FILED: Aug 4, 1927 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 29 1927

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1927, to July 29, 1927 that I last saw her alive on July 29, 1927, and that death occurred, on the date stated above, at 12 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Pulmonary TBC.~~

Tuberculosis of Peritoneum & intestines (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 33 (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? X Ray - Sputum

(Signed) Francis G. Weinel, M. D

, 19 (Address) Koch 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: Camon Miss — DATE OF BURIAL: 8-5-1927

20. UNDERTAKER: Peoples Und Co — ADDRESS: 3100 Franklin

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.