MAR 17 1928

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

Do not use this space.

4363

1. PLACE OF DEATH Clay
County ..... Registration District No. 198 File No. .....
Township ~~Fishing River~~ Primary Registration District No. 3011 Registered No. 221
City Excelsipr Springs, (No. ..... St. ..... Ward)

2. FULL NAME Ephriam HANEY desd U.S.Veterans Hospital Ex Spgs Mo
(a) Residence (Usual place of abode) Home Courtland, Kansas St., ... Ward. ..... (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Comstock Haney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-28-1847

7. AGE Years 80 Months 9 Days ~~28~~ 24 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED 93E
(a) Trade, profession, or particular kind of work Farmer 95B
(b) General nature of industry, business, or establishment in which employed (or employer) 106B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indianapolis
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER George Haney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penna
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Eliza Harriet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

14. INFORMANT Son Edward Haney
(Address) Abilene, Kas

15. FILED 2/22 1928 G.D. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febry-22-28 19

17. I HEREBY CERTIFY, That I attended deceased from 1.25 ~~Jan 22 1928~~, 19..., to 2-22-28, 19..., that I last saw him alive on 2.21.28 11 Pm, 19..., and that death occurred, on the date stated above, at ~~11 P.M.~~ 1245 Am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Myocarditis
Cardio-renal Disease
Approximately 90B (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chr Bronchitis
Bronchiectasis (duration) 50 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Went to Western Kas for Bronchial trouble 1871

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and lab findings
(Signed) A. R. Warner M. D
2.22.28 19 (Address) Excelsior Spgs, Mo USVH99

*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 Courtland Ks DATE OF BURIAL Dont Know

20. UNDERTAKER Herbert Hope ADDRESS Ex Springs

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.