OV 21 (H28)

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

Do not use this space.

33375

File No. .....

Registered No. 36

1. PLACE OF DEATH

County Henry Registration District No. 14

Township ..... Primary Registration District No. 4211

City Windsor (No. ....., ... St. ..... Ward)

2. FULL NAME Henry B Chaney

(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/8/1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	7	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter (retired)

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Cooper County,
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER William Chaney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Liza Hieronaymus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Chas. L. Chaney
(Address) Windsor, Mo.

15. FILED 10/17/28 19.. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 16 19 28

17. I HEREBY CERTIFY, That I attended deceased from Oct-14 19 28 to Oct. 14 19 28
that I last saw h.... alive on Oct. 14 19 28, and that death occurred, on the date stated above, at 1130 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Poisoning
from Prostatic obstruction
137 P
132 P
(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 138
(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. C. Blackmore, M. D
10-18, 1928 (Address) Windsor. 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 Harmony Cemetery — DATE OF BURIAL 10/17 1928

20. UNDERTAKER J. B Harkey — ADDRESS Windsor

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.