

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

Do not use this space.

2902

1. PLACE OF DEATH

County Phelps
Township Rolla
City Rolla

Registration District No. 677
Primary Registration District No. 440.3

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

James Arthur Chaney
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28 - 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>38</u>	<u>6</u>	<u>7</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Phelps Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Thos Chaney

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

12. MAIDEN NAME OF MOTHER Jaine Arthur

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Phelps Co Mo
(STATE OR COUNTRY)

14. INFORMANT A. L. Moore
(Address) Rolla, Mo.

15. FILED Jan 7, 1929 Geo. F. Ayers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 - 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dropped dead on street corner of death heart disease
95%

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____
8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS:
(Signed) A. M. Light Coroner M.D.
Jan. 6, 1929 (Address) Rolla Phelps Co 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 Rolla Cemetery DATE OF BURIAL Jan 7 1929

20. UNDERTAKER Null & Licklider ADDRESS Rolla, 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.

