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

Do not use this space.

9269

File No. .....

Registered No. 32.

1. PLACE OF DEATH

County Vernon

Township Center

City Nevada Mo (No. ..... St. ..... Ward)

Registration District No. 875

Primary Registration District No. 3029

2. FULL NAME Lewis Milton Chaney

(a) Residence. No. 230 N. Oak St., 2 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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. 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27-1868

7. AGE: Years 60; Months "; Days "; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Big Spring

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joel Chaney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.

(STATE OR COUNTRY) D.K.

12. MAIDEN NAME OF MOTHER Elizabeth Ketchersides

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.

(STATE OR COUNTRY) D.K.

14. INFORMANT Charley C. Chaney

(Address) McKittrick Mo

15. FILED 3/5, 1929 E. R. King. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1929.

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1929, to Feb 26, 1929 that I last saw him alive on Feb 26, 1929, and that death occurred, on the date stated above, at 1:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

109B Broncho pneumonia. (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Dont Know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

Feb 27 1929 (Signed) W. Hove, M.D.

(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 McKittrick Mo DATE OF BURIAL Feb 28 1929

20. UNDERTAKER Ferry Funeral Home ADDRESS Nevada