

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

Do not use this space.

33298

1. PLACE OF DEATH

County Clinton Registration District No. 107
 Township Plattsburg Primary Registration District No. 1786
 City (No. St. Ward)

File No. 14
 Registered No. 31

2. FULL NAME

Lewis Chaney Jr. St. Ward.
 (a) Residence. No. (Usual place of abode)
 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. (If nonresident, give city or town and State)

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) Oct. 18 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day 18 hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Near Plattsburg Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Lewis Chaney

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

12. MAIDEN NAME OF MOTHER Wilma Bisher

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

14. INFORMANT Lewis Chaney
 (Address) Plattsburg Mo

15. FILED 11/6 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1929 to Oct 18 1929 that I last saw him alive on Oct 18 1929, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectasis
161A (duration) 18 hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 102 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) S. D. Reynolds, M. D.

1919. 1929 (Address) Plattsburg 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 DATE OF BURIAL

near Starfield Mo 11-17 1929

20. UNDERTAKER ADDRESS

Ben R. Nelson Plattsburg Mo

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNWADING INK—THIS IS A PERMANENT RECORD

