

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

36010
Do not use this space.
~~25008~~
84

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH
 County Scott Registration District No. 82 File No. 84
 Township Liberton Primary Registration District No. 6070 Registered No. _____
 City Liberton (No. _____) St. _____ Ward _____

2. FULL NAME Anna Elizabeth Chaney
 (a) Residence No. 219 Ruth 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 3 1

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Morley
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Thomas Piggan

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

12. MAIDEN NAME OF MOTHER Emily Aburnethy

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

14. INFORMANT Grover Wilson
 (Address) 3412 Adams Ave. St. Louis

15. FILED 10/10/29 Walter E. Denis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Inflammation
1146 (duration) _____ yrs. mos. da. 3

CONTRIBUTORY (SECONDARY) Peritonitis (duration) _____ yrs. mos. da. 1

18. WHERE WAS DISEASE CONTRACTED 129
 IF NOT AT PLACE OF DEATH? 120B

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) B. L. McMullin, D.O. M.D.
 , 19____ (Address) Sixston 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 Morley Cemetery DATE OF BURIAL Oct 5 1929

20. ORDER TAKER John Albritton ADDRESS Liberton Mo.

