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.

OCT 22 193

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

Do not use this space.

30585

File No. 85

Registered No. 948

1. PLACE OF DEATH

County Buchanan Registration District No.

Township Primary Registration District No. 1001

City St. Joseph, (No. Mercy Hospital, St. Ward)

2. FULL NAME William Henry Chaney,

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

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1896

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
34	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year) Feb. 1931.

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway County, Missouri,

FATHER

13. NAME John P. Chaney,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

MOTHER

15. MAIDEN NAME Rachael Charlott,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County, Missouri,

17. INFORMANT (ADDRESS) Mrs Lida M. Chaney R.F.D. # 1, Clarksdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cem. DATE Sept. 15, 1931

19. UNDERTAKER (ADDRESS) Heston-Belt-Bauman 319 S. 10th. St. Funeral Home

20. FILED SEP 14 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1931, to Sept 13, 1931

I last saw h. alive on Sept 13, 1931. Death is said to have occurred on the date stated above, at 1:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Not known
93C	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) O. G. Weed M.D., M. D.

(Address) 408 Corby Bldg

Not Boarded mo