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.

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

Do not use this space.

29339

File No.

Registered No. 3513

1. PLACE OF DEATH Veterans' Administration Hospital.
County Jackson — Registration District No. 399
Township — Primary Registration District No. 1002
City Kansas City, Mo. (No. , St. Ward)

2. FULL NAME FORNEY, Harley Floyd C-1 249 561 WOE
(a) Residence, No. Talmo, Kansas St., Ward. Pvt. Base Hosp #87
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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) Jan. 24, 1894

7. AGE: Years 38 | Months 7 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellerville, Ks DATE 9-16 1932

19. UNDERTAKER (ADDRESS) Freeman Mortuary

20. FILED 9/17 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932, to Sept. 16, 1932
I last saw him alive on Sept. 16 1932 Death is said to have occurred on the date stated above, at 10:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chr. Interstitial (Uremia)	Unknown

Other contributory causes of importance:

Hydronephrosis	Unknown
Cardiac Hypertrophy & dilatation	"
Adhesive Pericarditis	"

Name of operation — Date of —
What test confirmed diagnosis? Exam & Lab Autopsy Was there an autopsy? Yes

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) W. E. Chambers, M. D.
(Address) W. E. CHAMBERS, Med. Officer in Charge
Vet. Adm. Hospital, Kansas City, Mo.