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.

JAN 22 1933

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

Do not use this space.

38938

File No. 150 154

Registered No.

1. PLACE OF DEATH

County: Clay — Registration District No.: 18

Township: Fishing River — Primary Registration District No.: 3011

City: Excelsior Springs (No. ..... St. ..... Ward)

2. FULL NAME: Tennessee Davis Chaney

(a) Residence, No. 614 Old Circle St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 OF (OR) WIFE OF: John W. Chaney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 11-1861

7. AGE: Years 71 — Months 1 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 185

10. Date deceased last worked at this occupation (month and year): 32

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Tenn

FATHER

13. NAME: Jacob Alexander Quillin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Francis Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Mrs E E Hodges, Excelsior Springs

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Evergreen Cem. DATE: Dec 26 1932

19. UNDERTAKER (ADDRESS): Herbert Hodges, Excelsior Springs Mo

20. FILED: 12-27 1932 — G. D. Craven, Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932, to Dec 24, 1932. I last saw her alive on Dec 23, 1932. Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Cerebral embolism from Nov 21-1932	
1948 D	
Other contributory causes of importance: About Nov 10-32 Stuck an ice pick in back of chair, causing septic phlebitis of leg, thrombosis of veins.	
Name of operation: Broke internally Date of: 12-14-32	
Cerebral hemorrhage Dec 24 32	

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? At home about 11-10-32 (Specify city or town, county, and State)

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

Manner of injury: Stuck ice pick in chair

Nature of injury: Septic

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

If so, specify .....

(Signed) G. D. Craven, M. D.

(Address) Excelsior Springs Mo