

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

Do not use this space.

4628

1. PLACE OF DEATH

County Atchison Registration District No. 20
 Township Darkwood Primary Registration District No. 4014
 City Darkwood (No. _____) St. _____ Ward _____

2. FULL NAME

Geneva Mae Chaney
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 3 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 Female 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 Walter Chaney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1910
 7. AGE YEARS 22 MONTHS 10 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 Claude Johnson

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

MOTHER
 15. MAIDEN NAME Marie Grindl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison, Mo.

17. INFORMANT (ADDRESS) Claude Johnson, Spring Valley, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunter Cemetery Feb 13, 1933

19. UNDERTAKER (ADDRESS) F. W. Davis, Darkwood, Mo.

20. FILED Feb 10, 1933 m. W. H. Hough Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 8 - 8 1933 to Feb 10, 1933
 I last saw her alive on Feb 10, 1933 Death is said to have occurred on the date stated above, at 7:45 am
 The principal cause of death and related causes of importance were as follows:

Feb. 8 - 1933 Acute Influenza
Child birth
narrow pelvis
 Other contributory causes of importance:
1498
110/49/15

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Charles E. Burkman, M. D.
 (Address) Darkwood, Mo.

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.

