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

Do not use this space.

27110

File No.
Registered No. 4

1. PLACE OF DEATH
County: Morgan
Township: Mill Creek
City: (No. St. Ward)
Registration District No. 953
Primary Registration District No. 5797B

2. FULL NAME: William G. Chaney

(a) Residence, No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N.B.—Every item of information should be carefully supplied. AGE should be stated [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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): March 15-1853

7. AGE: Years 80 | Months 5 | Days 1 | 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): Morgan Co Mo

FATHER
13. NAME: Henry J. Chaney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co

MOTHER
15. MAIDEN NAME: Lucinda Allison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co

17. INFORMANT (ADDRESS): John Allison Fortuna Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blenoted DATE: Aug 17, 1933

19. UNDERTAKER (ADDRESS): W. F. Kidwell Versailles, Mo.

20. FILED: Aug 17, 1933 Julius R. Cooper, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Aug. 16, 1933
I last saw him alive on August 14, 1933. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
B1	
131	

Other contributory causes of importance:

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?
If so, specify
(Signed) G. S. Wilson, M. D.
(Address) Fortuna Mo.