

OCT 2 2 1935

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

Do not use this space.

29502

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. St. Mary's Hospital)File No. 3513Registered No. 3513St.          Ward         2. FULL NAME Alexander Chesney(a) Residence No. At #2 - Lenexa, Kas. Ward         

(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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Chesney6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 18747. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
61 1 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home10. 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) Belfast Ireland13. NAME James Chesney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Chelly Gillespie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) W J Chesney Fort Scott, Kansas18. BURIAL, CREMATION, OR REMOVAL PLACE Obitg. Kas. DATE Sept 11, 193519. UNDERTAKER (ADDRESS) H. E. Julien Obitg. Kansas20. FILED Sept 9, 1935 W. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 9 193522. I HEREBY CERTIFY, That I attended deceased from Sept - 8 1935 to Sept - 9 1935I last saw him alive on Sept - 8 1935. Death is said to have occurred on the date stated above, at 8:30 a. m.

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

ANEMIA PERniciOSa

Date of onset

JUNE 1935Other contributory causes of importance: 7/2Name of operation          Date of         What test confirmed diagnosis? Blood 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         If so, specify         (Signed) W J Jones(Address) Obitg. Kas.

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.

10/1

10/2

N

10/10

10/20

10/30

10/40

10/50

10/60

10/70

