

MAR 20 1936

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

Do not use this space.

6068

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. _____
Township Kean Primary Registration District No. 10024 Registered No. 3880
City Paulsboro (No. 2843 Troost (Cloth House) St. _____ Ward _____

2. FULL NAME Silvanus S. Chandley
(a) Residence, No. Edwardsville Ks St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harriet M. Chandley</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20 - 1849</u>			
7. AGE <u>86</u>	YEARS	MONTHS <u>1</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		11. Total time (years) spent in this occupation <u>7 yrs. retired</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>himself</u>			
10. Date deceased last worked at this occupation (month and year) _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co N. Carolina</u>			
13. NAME <u>John Chandley</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yonkers N. Carolina</u>			
15. MAIDEN NAME <u>Elyzabeth Haire</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>			
17. INFORMANT (ADDRESS) <u>J. D. Chandler 411 N 16 St Evans</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edwardsville Ks</u> DATE <u>Feb 20 1936</u>			
19. UNDERTAKER (ADDRESS) <u>Geo F. Porter, Sons 915 N 16 St Evans</u>			
20. FILED <u>7/19 1936 M. M. Corone</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1936

22. HEREBY CERTIFY That I attended deceased from Feb 15 to Feb 18, 1936
I last saw h. i. m. alive on Feb 18, 1936 Death is said to have occurred on the date stated above, at 10:50 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Pulmonary Edema
100
Other contributory causes of importance:
Chr. Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? W

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) J. B. Brannan, M. D.
(Address) 304 E 12 St

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.

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