

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.

OCT 23 1936

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

Do not use this space.

31853

1. PLACE OF DEATH

County Osage Registration District No. 639
 Township Bepton Primary Registration District No. 49-4-3
 City Chambers (No. 13848)

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Lewis Clark Fenney

(a) Residence, No. Chambers R. D. Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 20 - 1860</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>10</u>
	DAYS <u>4</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Chambers</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1986, to Aug 24, 1936.
 I last saw him alive on Aug 24, 1936. Death is said to have occurred on the date stated above, at 8 a.m.
 The principal cause of death and related causes of importance were as follows:
D Myocarditis
(2) Pulmonary embolism

Date of onset _____

Other contributory causes of importance: 9321

Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscopic 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? No
 If so, specify _____
 (Signed) Wm H. McEntire, M. D.
 (Address) Chambers, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

FATHER

13. NAME John Fenney

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

MOTHER

15. MAIDEN NAME Russia Biglow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Nina Craig

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Deer Creek DATE Aug 25 1936

19. UNDERTAKER (ADDRESS) Morton Funeral Home
Chambers Mo

20. FILED 9-16 1936 Esther Snyder
 Registrar.

3701

