

1888-7-17 SEP 20 1938

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

Do not use this space.

28642

1. PLACE OF DEATH

County Linn Registration District No. 193  
Township 1st Primary Registration District No. 3011  
City Keosauqua (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 116

2. FULL NAME

Sandel E. Chaney  
(a) Residence, No. 260 E. Broadway St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Chaney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 25 - 1893</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>06</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Builder</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2/10</u>	11. Total time (years) spent in this occupation <u>35 1/2</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12<sup>th</sup>, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 12<sup>th</sup>, 1938, to August 12<sup>th</sup>, 1938.

I last saw him alive on August 12, 1938. Death is said to have occurred on the date stated above, at 12:30 m.

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

Date of onset 8-12-38

Other contributory causes of importance:  
Spinal paraplegia 4 1/2 yrs.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keosauqua, Ia</u>
	13. NAME <u>David Chaney</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ia</u>
	15. MAIDEN NAME <u>Mary E. Walters</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ia</u>
17. INFORMANT (ADDRESS) <u>Mary E. Chaney, Keosauqua, Ia</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Corona Hill</u> DATE <u>Aug 14 - 1938</u>	
19. UNDERTAKER (ADDRESS) <u>Robert Johnson, Keosauqua, Ia</u>	
20. FILED <u>Aug 15, 1938</u> <u>Verona McCreker</u> Registrar.	

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy 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? Yes  
If so, specify \_\_\_\_\_  
(Signed) E. C. Roberts, M. D.  
(Address) Keosauqua Springs, Ia

RECEIVED

District Health Officer No. 8,

District file Number

9/13/38

Date Filed