

1-650 DEL 6

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

Do not use this space.

39271

1. PLACE OF DEATH

County Harrison
Township
City Blair (No.)

Registration District No. 338
Primary Registration District No. 4201

File No.
Registered No.
St. Ward

2. FULL NAME

Blair 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

| | | |
|---|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John E. Chaney</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30 1864</u> | | |
| 7. AGE YEARS <u>74</u> | MONTHS <u>2</u> | DAYS If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u> | |
| | 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) <u>Aug 7 1938</u> | 11. Total time (years) spent in this occupation |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938, 1938, to Aug 31, 1938. I last saw her alive on Aug 31, 1938. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

T. B. of lung

Date of onset
1928

Other contributory causes of importance:

23

| | |
|---------------|---|
| MOTHER FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ill.</u> |
| | 13. NAME <u>James Farrell</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ill.</u> |
| | 15. MAIDEN NAME <u>Anna Lamartus</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ill.</u> |
| | 17. INFORMANT (ADDRESS) <u>Walter Chaney</u> <u>Gilman City Mo</u> |
| MOTHER | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Public Chapel</u> DATE <u>Sept 2</u> 19 <u>38</u> |
| | 19. UNDERTAKER (ADDRESS) <u>W. D. Holmes</u> <u>Gilman City Mo</u> |
| | 20. FILED <u>17/2</u> 19 <u>38</u> <u>J. C. DePaul</u> Registrar |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) W. H. Warren M. D.
(Address) Gilman City Mo

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.

