

FILED MAY 9 1940

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 624 File No. 15618
Township Hopkins Primary Registration District No. 4375 Registered No. 7
City Hopkins (No. _____) St. _____ Ward _____

2. FULL NAME

Rosella 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 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Chaney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7-1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 0 13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Ind.

13. NAME Wesley James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Nancy Fidler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.

17. INFORMANT (ADDRESS) Chas. Gray Hopkins Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins, Mo DATE Apr. 22, 40

19. UNDERTAKER (ADDRESS) Stanley Sweeney Hopkins Mo

20. FILED 4-21-1940 O. H. Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1940 to 4/20, 1940

I last saw her alive on 4/19, 1940 Death is said to have occurred on the date stated above, at 11:05 a.m.

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

Cerebral hemorrhage Date of onset 10/1/40

Other contributory causes of importance:

Arterio sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

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) O. H. Taylor, M. D.
555 (Address) Hopkins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 11,
Health Officer No. 11,

District File Number

549-635

Date Filed ~~MAY-6-1940~~