

JAN 19 1935

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

Do not use this space.

1. PLACE OF DEATH
 County Ray Registration District No. 744
 Townshp. Richmond Primary Registration District No. 3035
 City Richmond (No.) St. Ward
 2. FULL NAME Baby Leroy 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.

44122

File No.
 Registered No. 154

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-16-1934
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
7 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo
 FATHER 13. NAME Leonard Chaney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo
 MOTHER 15. MAIDEN NAME Rosemary Rippey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo
 17. INFORMANT (ADDRESS) Mrs. Ed. Rippey Richmond Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Jan-1-1935
 19. UNDERTAKER (ADDRESS) Thurman Richmond Mo
 20. FILED 1-9 1935 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-31-1934
 22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934, to Dec 31, 1934
 I last saw him alive on Dec 31, 1934. Death is said to have occurred on the date stated above, at 1-12 p. m.
 The principal cause of death and related causes of importance were as follows:
Common Cold
Bronchial Pneumonia Dec 29
10:00 AM
10:45 AM
 Other contributory causes of importance: None
 Name of operation Date of
 What test confirmed diagnosis? Clinical 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? Yes
 If so, specify
 (Signed) Anna McNeill M.D.
 (Address) Richmond, Mo
429 S. Houston 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.

