

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

Do not use this space.

**1. PLACE OF DEATH**

County RAY  
Township TRIPTRIMMOND  
City TRIPTRIMMOND (No. .... St. .... Ward)

Registration District No. 744  
Primary Registration District No. 3035

File No. 2263  
Registered No. 13

**2. FULL NAME**

IDA CHANEY

(a) Residence, No. .... Sy. .... 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**

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Chaney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
64 1 7

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. ....  
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) Ray Co Mo

13. NAME James Dutton

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

15. MAIDEN NAME Elizabeth Anderson

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

17. INFORMANT Ed Chaney (ADDRESS) Rehoboth Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rehoboth Mo DATE 1/16/34

19. UNDERTAKER E. M. Gorman (ADDRESS) Rehoboth Mo

20. FILED 2-9 1934 E. Limer & Ray Registrars

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to Jan 14 1934  
I last saw her alive on Jan 8th 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
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Other contributory causes of importance:

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) E. D. Green M. D.  
(Address) Rehoboth, 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.

FEB 2 1934  
69 1934  
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THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

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