

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

Do not use this space.

34019

1. PLACE OF DEATH

County Ray Co  
Township Canaan  
City Canaan (No. ....) (St. ....) (Ward ....)

Registration District No. 739  
Primary Registration District No. 4441

File No. ....  
Registered No. ....

2. FULL NAME

William Chaney

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Molly Chaney

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

7/16/1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>68</u>	<u>3</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ray Co Mo

10. NAME OF FATHER

William Chaney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ray Co Mo

12. MAIDEN NAME OF MOTHER

Polly Ann Bowden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ray Co Mo

14.

INFORMANT (Address)

Ernest Chaney  
Ornick Mo

15.

FOUNDED

Dec 7, 1928 H. M. Burgess  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/24/1928

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1928 to Sept 29, 1928 that I last saw him alive on 9-29-1928 and that death occurred, on the date stated above, at 11:15 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Stomach  
4 1/2 (duration) yrs. 6 mos. ds.  
CONTRIBUTORY (SECONDARY) Same (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. P. Williams, M. D.

Ornick Mo 10/25, 1928 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Siegel Cmet

DATE OF BURIAL

10/25 1928

20. UNDERTAKER

C. M. Sabers

ADDRESS

Ornick Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

