WHITE 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.

SEP 22 1932

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

Do not use this space.
25817

1. PLACE OF DEATH

County Dekalb — Registration District No. 264 — File No.

32 Township Grant — Primary Registration District No. 5367 — Registered No.

City (No. , St. Ward)

2. FULL NAME Christine Elizabeth Chaney

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
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: Thomas Chaney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5th 1864

7. AGE: YEARS 67 — MONTHS 7 — DAYS 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home 255
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): Mo.

FATHER
13. NAME: Luther Barber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER
15. MAIDEN NAME: Mahaley Barnet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Esther Armour

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woods Cemetery DATE Aug 5th 19

19. UNDERTAKER (ADDRESS): U. G. Pilcher, Maysville Mo.

20. FILED Aug. 5th 1932 Mrs. Kessler Gin[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1931, to Aug 4, 1932
I last saw her alive on Aug 4, 1932. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset

92 A

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?
If so, specify
(Signed) L. G. Richey, M. D.
(Address) Fairfax Mo.