

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

Do not use this space.

30456

SEP 21 1936

1. PLACE OF DEATH

County Dunklin Registration District No. 284
 Township Frederick Primary Registration District No. EFF-68
 City (No. 5403) St. _____ Ward _____

File No. _____
 Registered No. 19
 St. _____ Ward _____

2. FULL NAME Thelma Chaney

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) 8-20-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Dunklin Mo
 (STATE OR COUNTRY)

FATHER 13. NAME James L. Chaney

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

MOTHER 15. MAIDEN NAME Thelma L. Tanner

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

17. INFORMANT J. L. Chaney
 (ADDRESS) Hollant Mo Rt 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wendford Bur DATE 8-25-36

19. UNDERTAKER none
 (ADDRESS)

20. FILED 8/24 1936 J. B. Steinmetz
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-36

22. I HEREBY CERTIFY, That I attended deceased from 8-20-36 to 8-24-36

I last saw him alive on 8-24-36 Death is said to have occurred on the date stated above, at S.P. m.

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

born prematurely @ 7 mos Date of onset _____
severe malaria in mother

Other contributory causes of importance: 159

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) J. B. Steinmetz, M. D.
 (Address) Clarkton Mo

