

MARGIN RESERVED FOR BINDING

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. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH
 County Kent
 Village or City Chestertown No. Calvert St.; Ward
 2 FULL NAME Alexander Chaney
 STATE OF MARYLAND
 CERTIFICATE OF DEATH
 Registration Dist. No. 202
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 (Write the word)

6 DATE OF BIRTH Unknown
 (Month) (Day) (Year)

7 AGE 70 yrs. or more If LESS than 1 day, hrs. OR min. ?

8 OCCUPATION (a) Trade, profession, or particular kind of work none
 (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Del

PARENTS

10 NAME OF FATHER Aly Chaney
 11 BIRTHPLACE OF FATHER (State or country) Del
 12 MAIDEN NAME OF MOTHER Charlotte (unknown)
 13 BIRTHPLACE OF MOTHER (State or country) Del

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Elizabeth Chaney
 (Address) Chestertown Md

15 Filed June 10, 1917 W. J. Hicks
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 8th, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1917 to June 8, 1917,
 that I last saw him alive on June 7, 1917,
 and that death occurred on the date stated above, at 9 a.m.
 The CAUSE OF DEATH * was as follows:
Pericarditis Chronic
 (Duration) 4 yrs. mos. ds.
 Contributory
 Secondary
C. W. Whaland (Signed) June 9, 1917 (Address) Chestertown Md
 * State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death yrs. mos. ds. In the State, yrs. mos. ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence
 19 PLACE OF BURIAL OR REMOVAL Md DATE OF BURIAL June 10th, 1917
near Chestertown
 20 UNDERTAKER Chas. S. Dodd ADDRESS Chestertown