

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

Do not use this space.

9358

PLACE OF DEATH

County Adair
Township _____
City Kirkville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME Norma Alice Senter
(a) Residence. No. _____ St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Linard Senter.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-26-1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 4 15
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Elmer
(STATE OR COUNTRY) Missouri
10. NAME OF FATHER E. J. Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ona A. Puckston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mad
(STATE OR COUNTRY) Missouri

14. INFORMANT E. J. Bailey
(Address) Elmer Missouri

15. FILED 3/11, 1929 W. Becker
deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/11 1929
17. I HEREBY CERTIFY, That I attended deceased from 3-8-1929 to 3-11-1929 that I last saw h. ea. alive on 3-11-1929 and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis
10 10 10
CONTRIBUTORY Tubo. Peritonitis
(SECONDARY) (duration) yrs. mos. 4 da.
(duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) R. R. Egan, M. D.
, 19 (Address) Kirkville, Mo

*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 Elmer. DATE OF BURIAL 3-12-1929

20. UNDERTAKER De Rily ADDRESS Kirkville

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.

23 1929

235

PARENTS

1929-3-11
1896-10-26

32-4-15

41