

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City..... St. Joseph, (No. 2418 So. 16th St. St. Ward)

File No. 3779
Registered No. 129

2. FULL NAME

Newton Senior
(a) Residence, No. 2418 So. 16th St. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Senior</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug, 27, 1864</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>5</u>	DAYS <u>8</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	11. Total time (years) spent in this occupation..... <u>30</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>retired 10 yrs.</u>
	10. Date deceased last worked at this occupation (month and year)..... <u>1932</u>	

12. BIRTHPLACE (CITY OR TOWN) Lancaster,
(STATE OR COUNTRY) England.

13. NAME Frederick Senior

14. BIRTHPLACE (CITY OR TOWN) Lancaster,
(STATE OR COUNTRY) Eng.

15. MAIDEN NAME Ann Hughes

16. BIRTHPLACE (CITY OR TOWN) Lancaster,
(STATE OR COUNTRY) Eng.

17. INFORMANT John Mohring
(ADDRESS) 2418 So. 16th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE Feb, 9, 1932

19. UNDERTAKER Walter Meinhoff
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED FEB 9 1932
John K. Bender
Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 5, 1932 .19
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Feb 5, 1932
I last saw him alive on Feb 5, 1932. Death is said to have occurred on the date stated above, at 3.00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis with oedema
12/1/30
131
Other contributory causes of importance:
Chronic Myocarditis and Arterio-sclerosis

Date of onset
Unknown
at least 4 yr.
Unknown

Name of operation Date of
What test confirmed diagnosis Sig. symptoms on autopsy? No

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? No
If so, specify Carver A Good, M. D.
(Signed) Carver A Good

7. (Address) St. Joseph 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.

MAR 21 1932

