

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 24 1932

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

Do not use this space.

5853

1. PLACE OF DEATH
 93 County St. Clair Registration District No. 763
 3 Township Bell Primary Registration District No. 4408
 3 City Laurie City, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Josephine Senney
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 H.A. Senney.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 5 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Iowa

FATHER
 13. NAME H.M. Patterson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
 15. MAIDEN NAME Mary McNamee
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) J. A. Senney
Laurie City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurie City, Cemetery 2181 1932

19. UNDERTAKER (ADDRESS) H. Claster
Laurie City, Mo.

20. FILED 2/8 1932 Les S. Wright
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1932 to Feb 7 1932
 I last saw him alive on Feb 7 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
myocarditis chronic and full of burn
1868
1948
 Other contributory causes of importance:
1932
J. C. C.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 2

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident. Date of injury Feb 7 1932
 Where did injury occur? Home
Laurie City (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury a fall
 Nature of injury blows to head

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. S. Strattner, M. D.
 (Address) Laurie City, Mo.

