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.

OCT 17 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29632
Township ~~Kansas~~ — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas City (No. Research Hospital St. [illegible] Ward)

2. FULL NAME Elcany C. Senter
(a) Residence, No. 6400 Wyandotte 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 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Martha E. Senter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1860

7. AGE: YEARS 73 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l Manager K. C. Stock Yards
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) Kentucky

FATHER
13. NAME Andrew Senter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Susan Grimsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Martha E. Senter 6400 Wyandotte St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 9/4/34 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City, Mo.

20. FILED 9/3 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, '34, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/23/26, 19, to Aug 31, 34, 19
I last saw him alive on Aug 31, 1934. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt Cerebral Hemorrhage	
left Hemiplegia	4 days
93 C	
93 C	

Other contributory causes of importance:

Terminal Lung oedema	2 days
Myocardial degeneration arteriosclerosis	8 years

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Sp. 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) L. J. Melice, M. D.
(Address) 1132 Missouri Bldg

Dr. Nelson
Professional Bldg
2:00 P.M.