

MAY 17 1937

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

Do not use this space.

15692

7

1. PLACE OF DEATH

County Boone  
Township Cedar  
City..... (No. .... St. .... Ward)

Registration District No. 76  
Primary Registration District No. 5710 B.

File No. ....  
Registered No. ....

2. FULL NAME

Edward Yancy Senior

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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>Hettie Senior</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/10 1868</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>4</u>	DAYS <u>0</u>
If LESS than 1 day, ..... hrs. or ..... min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 1936, to 2/11 1937

I last saw him alive on 2/9 1937 Death is said to have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
Farmer

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

Date of onset

Coronal arteriosclerosis

Other contributory causes of importance: AM

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Missouri

13. NAME  
Delas Senior

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Missouri

15. MAIDEN NAME  
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Missouri

17. INFORMANT W. B. Senior  
(ADDRESS) Hartsburg mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Old Union DATE 2/12 1937

19. UNDERTAKER Ashland Undert Co  
(ADDRESS) Ashland mo.

20. FILED 578 1937 H. A. Menger  
Registrar.

Name of operation..... Date of.....  
What test confirmed diagnosis? Aspiration Was there an 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.....  
(Signed) C. P. Mcgee M. D.  
(Address) Hartsburg mo

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.

