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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 36791

Township Kaw — Primary Registration District No. 1602 — Registered No. 4220

City Kansas City (No. 1023 Askew St. Ward)

2. FULL NAME Alice Senior

(a) Residence, No. 1023 Askew St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alfred Senior

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 5th 1855

7. AGE: YEARS 82 — MONTHS 8 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Indianapolis Indiana

FATHER

13. NAME: David GilMore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co. Ohio

MOTHER

15. MAIDEN NAME: Angeline Probus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): J.C. Senior 4231 Michigan

18. BURIAL, CREMATION, OR REMOVAL: Engleman Cemetery PLACE Clinton Mo. DATE Oct 21st 1937

19. UNDERTAKER (ADDRESS): W. Newcomers Sons Kansas City - Mo

20. FILED Oct 20 1937 M. M. Gnowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct, 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1937, to 10-18-, 1937

I last saw her alive on 10-18, 1937 Death is said to have occurred on the date stated above, at 4.55 p.m.

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

Acute dilatation of heart — Date of onset

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Other contributory causes of importance: Carcinoma of Stomach about 5 yrs. Arteriosclerosis

Name of operation: None Date of —

What test confirmed diagnosis? Clinical 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) M. Connelly Anderson, M. D.

(Address) 6520 Indep. Ave.

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.

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6520 Indep Ave Be 0756[illegible]

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