

REC'D MAR 4 5 1936

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

Do not use this space.

1. PLACE OF DEATH 3b
 County Franklin 2
 Township Boles 1
 City (No.) St. Ward

Registration District No. 293
 Primary Registration District No. 5411

File No. 6067
 Registered No.

2. FULL NAME William H. Senz 52.0
 (a) Residence, No. Sabbadie, Mo. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Bertha Senz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1870</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 5, 1936</u>	11. Total time (years) spent in this occupation <u>45</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Urbans, Missouri</u>		
FATHER	13. NAME <u>William H. Senz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Minnie Senz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Roy Senz, Sabbadie, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL <u>Wesley Cemetery</u> PLACE <u>Sabbadie, Mo.</u> DATE <u>Sept. 8, 1936</u>	
	19. UNDERTAKER (ADDRESS) <u>Schradler Funeral Home, Ballwin, Mo.</u>	
	20. FILED <u>9-7-36</u> <u>Mary Gross</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
 I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Apopoplexy

 Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? 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?

 (Signed) E. J. Washington
Union (Address)

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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