

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

Do not use this space.

REC'D MAR 23 1938

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. 7925
Township _____ Primary Registration District No. 3034 Registered No. 35
City Moberly (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 500 Ward. Callio, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Marion Seney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1858
7. AGE 84 YEARS MONTHS 6 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
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) Macon County Mo.

FATHER 13. NAME James Lyre King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

MOTHER 15. MAIDEN NAME Rachel King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

17. INFORMANT Miss Betty Seney (ADDRESS) Callio Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Milton Chapel DATE Feb 9 1938

19. UNDERTAKER Perry & Son (ADDRESS) Callio Mo.

20. FILED Feb 9 1938 Registrar Elmer Blutes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7 1938

I HEREBY CERTIFY, That I attended deceased from Jan 29 1938 to Feb 6 1938
I last saw her alive on Feb 6 1938 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset Jan 29

1074

Other contributory causes of importance: _____

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 1938
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 Chas. W. Harris (Signed) _____

(Address) 517 N. 4th St. Moberly Mo. 662

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.

