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.

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

Do not use this space.

33689

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 59
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City K.C. (No. 2429 1/2 Prospect ave St. ..... Ward)

2. FULL NAME Christopher H Senner
(a) Residence. No. 3407 Wabash St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Anna Senner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15th 1856

7. AGE — YEARS 71 — MONTHS ✓ — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Groceryman
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) N.Y.

PARENTS
10. NAME OF FATHER Jos A Senner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER No Data
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Alsace Lorraine

14. INFORMANT W. H Senner
(Address) 3535 Belfountain

15. FILED 11-23 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/22/27 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1927, to Nov 22, 1927 that I last saw him alive on Nov 21, 1927, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac decomposition
95B
95A 90B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) auricular fibrillation (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical findings
(Signed) Herbert L Mang, M. D
11/23, 1927 (Address) 3800 E 31st

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys Cem — DATE OF BURIAL 11/25/27 19

20. UNDERTAKER W. F. Mayberry & Co — ADDRESS City

Dr H L Smartz