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

Do not use this space.

2834

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B. Registered No. 6

City Jefferson Barracks, Missouri. Vet. Hosp. St. Ward)

JAN 22 1931

2. FULL NAME George Senior

(a) Residence. No. 418 Smith Ave., DuQuoin, Ills. Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jenny Senior

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 10, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
38	38	2	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner 11

(b) General nature of industry, business, or establishment in which employed (or employer) - coal

(c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Illinois 2

PARENTS

10. NAME OF FATHER Unavailable

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable 31
(STATE OR COUNTRY) Unavailable

12. MAIDEN NAME OF MOTHER Unavailable

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

14. INFORMANT C. H. SMITH, M.D., Clinical Director,
(Address) U.S. Vet. Hosp. Jeff. Brks., Mo.

15. FILED Jan 7, 1931 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 6, 1931

17. I HEREBY CERTIFY, That I attended deceased from January 6, 1931, to January 6, 1931 that I last saw him alive on January 6, 1931, and that death occurred, on the date stated above, at 9:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chronic, with hypertrophy and dilatation.

92A

93

(duration) Un yrs. known mos. ds.

CONTRIBUTORY (SECONDARY) Valvular heart disease, combined aortic and mitral insufficiency.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination and clinical manifestations

(Signed) W. C. GIBSON, M.D., M.D.
Medical Officer in Charge,
(Address) U.S. Vet. Hosp. Jeff. Brks., Mo.

*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 Duquoin Ill. DATE OF BURIAL Jan. 10 1931

20. UNDERTAKER Schroeder Undc ADDRESS Duquoin Ill.

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.