

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

Do not use this space.

1. PLACE OF DEATH

County Bosque
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 5112

File No. 8782
Registered No. 49
St. Ward)

2. FULL NAME

(a) Residence. No. William H. Senior Ward.
(Usual place of abode) Bosque Co. Oklahoma

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Providence (STATE OR COUNTRY) Miss!

10. NAME OF FATHER Lilas A. Senior

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Linda Prindoff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Providence (STATE OR COUNTRY) Miss!

14. INFORMANT Mrs L. G. Barber (Address) Huntsdale, Mo.

15. FILED 3/5/31 F. C. Suggett REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1931

17. I HEREBY CERTIFY, That I attended deceased from 5 1931, to Mar 30 1931, that I last saw him alive on Mar 30 1931, and that death occurred, on the date stated above, at 3:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis.

97
Don't know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Diarrhoea (duration) about 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. no 0

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? By symptoms

(Signed) W. G. Morris, M. D.

19 (Address) Columbia, 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 DATE OF BURIAL

Rebo Cemetery May 5 1931

20. UNDERTAKER ADDRESS

B. G. Barber Columbia

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.

APR 21 1931

