

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

Do not use this space.

35133

File No. _____
Registered No. 136
Ward) _____

PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 5011
City Excelsior Springs, Mo. (No. U.S. Veterans Administration Hospital St. 3rd Ward)

2. FULL NAME John B. Senecal

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 427 Polk St., Chillicothe, 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. 14 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 10 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor-Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop 92
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation. Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 5

FATHER
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hospital Records, Veterans Hospital
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chillicothe, Mo. DATE 11-9 1932

19. UNDERTAKER John C. Roath
(ADDRESS) Excelsior Springs, Mo.

20. FILED Nov. 9 1932 W.D. Craven
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1932, to Nov. 8 1932

I last saw him alive on Nov. 8 1932. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic

Date of onset

Other contributory causes of importance:

Psychosis, unclassified

Name of operation none Date of _____

What test confirmed diagnosis? Physical examination 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 _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

1. Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signature) [Signature] M. D.

(Address) Excelsior Springs, Mo.

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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