

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

Do not use this space.

4480

FEB 20 1928

1. PLACE OF DEATH

County De Kalb
Township Grand River
City..... (No.....)

Registration District No. 260
Primary Registration District No. 5363

File No.....
Registered No.....
St..... Ward)

2. FULL NAME

Edwin C Ensign

(a) Residence. No..... Ward.....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

male | white | single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 28. 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>10</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER William Ensign

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) New Hampshire

12. MAIDEN NAME OF MOTHER Leona S. Smith

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

14. INFORMANT Harry Ensign
(Address) Cameron Mo.

15. FILED 2-7-28 Winifred W. Moser
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 2 1928 to Feb 4 1928
that I last saw h. live on Feb 6 1928, and that death occurred, on the date stated above, at 7 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Arterio Sclerosis
131
97

CONTRIBUTORY Chronic Paralytic (SECONDARY)
(duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1290
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) E. H. Kelly M. D.

76, 1928 (Address) Cameron 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

Packard Cemetery Feb 6 1928

20. UNDERTAKER J. W. Poland.
ADDRESS Cameron

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.

