

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

Do not use this space.

**1. PLACE OF DEATH**

County Andrew  
Township Madison  
City Savannah (No. .... St. .... Ward)

Registration District No. 18  
Primary Registration District No. 4070

File No. 26312  
Registered No. 60

**2. FULL NAME**

Melissa J. Ennis

(a) Residence, No. .... St. .... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 9 18 1/2

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Jacksonburg  
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER R. T. Beckett

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

12. MAIDEN NAME OF MOTHER Elizabeth Dougherty

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

14. INFORMANT Mary Elizabeth Glaze  
(Address) Savannah Ind.

15. Aug. 7 28 W. J. J. J.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1928, to Aug. 16, 1928, that I last saw him alive on Aug. 16, 1928, and that death occurred, on the date stated above, at 7:35 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hemiplegia  
12 1/2  
CONTRIBUTORY Intestinal supplements  
(SECONDARY) (duration) 2 yrs. 7 mos. 1 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? Physical  
(Signed) P. P. Kelley, M. D.

(Address) Savannah Ind.

\*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 Lower Nughly Grove  
DATE OF BURIAL 8-17-28

20. UNDERTAKER E. C. Brett  
ADDRESS Savannah Ind.

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.

1928

