WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 41128

File No. 5509

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Kaw — Primary Registration District No.:

City: Kansas city (No. 1117, Gillham Road, St. ..... Ward)

2. FULL NAME June La Verne Engle

(a) Residence. No. 1117 Gillham Road St. Ward 2 (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec -23-1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Kansas city
(STATE OR COUNTRY) mo

PARENTS
10. NAME OF FATHER Gordon E Engle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sheridan
(STATE OR COUNTRY) mo
12. MAIDEN NAME OF MOTHER Olive Downs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Okla

14. INFORMANT Gordon E Engle
(Address) 1117 Gillham Rd

15. FILED 12/29/28 Dr. Dy Crane
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1928, to Dec 29, 1928 that I last saw he alive on Dec 29, 1928 and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria
1100 110
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Mother had Diphtheria
prior to Death y child (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1117 East Gillham

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C W Elsey, M. D.
12/31, 1928 (Address) 638 Folly

*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: Cameron - Mo
DATE OF BURIAL: Dec 31 1928

20. UNDERTAKER: Newpewomer's Sons
ADDRESS: N. C. Mo

Dr George Elston
108 A Lawn!