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

Do not use this space.

JAN 20 1929

1. PLACE OF DEATH
County Henry — Registration District No. 347 — File No. 40406
Township — Primary Registration District No. 3018 — Registered No. 152
City Clinton (No. ..... St. ..... Ward)

2. FULL NAME Mary Ellen McEnnis
(a) Residence. No. 911 S Main St., ... Ward. (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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jordan P McEnnis
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1863
7. AGE Years 66 Months 11 Days 19 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) in own home
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Harrodsburg (STATE OR COUNTRY) Ky
PARENTS
10. NAME OF FATHER John Bonta
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrodsburg (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Francis Lowe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrodsburg (STATE OR COUNTRY) Ky
14. INFORMANT J P McEnnis (Address) Clinton Mo
15. FILED 12/28 1929 Dr. E. C. Reeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1929, to Dec 26, 1929 that I last saw her alive on Dec 24, 1929, and that death occurred, on the date stated above, at 6 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage (on Left side of brain)
— 8 ... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) — 7 ... (duration) ..... yrs. ..... mos. ..... 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? Paralysis of Right side
(Signed) Samuel A Hague, M. D.
12/27, 1929 (Address) Clinton 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 Clinton Mo — DATE OF BURIAL Dec 29 1929
20. UNDERTAKER Spore & Son — ADDRESS Clinton