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

Do not use this space.

File No. 1148 136

Registration District No. 399

Primary Registration District No. 1002

Registered No.

1. PLACE OF DEATH

County Jackson

Township 11 Kaw

City Kansas City (No. Kansas City General Hosp. St. Ward)

2. FULL NAME Mary Endlow

(a) Residence. No. 1431 Summit St. / Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19 ~~24~~	5	5	

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

235 1 2 8

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

PARENTS

10. NAME OF FATHER Chas. Henry

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

12. MAIDEN NAME OF MOTHER Ann White grove

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

14. INFORMANT Ben Ward Clerk
(Address) K.C. General Hosp.

15. FILED 1/11, 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9th 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-17, 1929, to 1-9, 1930 that I last saw her alive on 1-9, 1930 and that death occurred, on the date stated above, at 2:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyelonephritis + Cystitis
133 P
144 P
196 P
355 P
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Embolism
(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? Clinical Findings

(Signed) P E Williams M. D.
1-10, 1930 (Address) Supt K C Gen. Hosp.

*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
Mt. Grove Ind. Mo	1/11 1930
20. UNDERTAKER	**ADDRESS**
D. V. Mast	1915 E 15

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.

ticular in order that proper classification may be made. You are respectfully requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Mary Enlow

Who died at: Kansas City Mo. on Jan 9, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____ 14952

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____ Mo

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Pyelonephritis and Cystitis

Contributory: Embolism, Parturition (Delivered 12-21-29)

S-1148