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

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.

SEP 21 1931

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

Do not use this space.

File No. 27520

Registered No. 822

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 100

City: St. Joseph (No. Mercy Hospital St. Ward)

2. FULL NAME: Margaret Mae Enloe

(a) Residence, No. (Usual place of abode) St., Ward. Jefferson City, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry King Enloe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 20, 1874

7. AGE: Years 56 | Months 11 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Household

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): July 1930

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Versailles, Missouri

FATHER

13. NAME: Phillip Damph

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oberlin, Germany

MOTHER

15. MAIDEN NAME: Sarah Farquarson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Utica, New York

17. INFORMANT (ADDRESS): Jean Enloe, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Jefferson City, Mo. DATE: Aug. 3, 1931

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: AUG 3 1931 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1931, to Aug 3, 1931, I last saw her alive on Aug 3, 1931. Death is said to have occurred on the date stated above, at 11:05 a. m.

The principal cause of death and related causes of importance were as follows:

Uterine Carcinoma — Date of onset

48

Other contributory causes of importance: age

Name of operation: none — Date of: —

What test confirmed diagnosis? Physical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. P. Walker, M. D.

(Address) 823 Faraon St. St. Joseph, Mo.