

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

Do not use this space.

5550

1. PLACE OF DEATH

73 County Newton Registration District No. 611
 Township Buttels Primary Registration District No. 5-813
 City Seneca Mo. (No.) St. Ward (No.)

2. FULL NAME

Jennie Englehart
 (a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

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 Chas. Englehart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1851
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janesville Ohio

FATHER 13. NAME Hiram Winder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Elizabeth Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Edward Englehart
 (ADDRESS) Seneca Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Mo DATE 27 22 1932

19. UNDERTAKER B. W. Buzzard
 (ADDRESS) Seneca Mo.

20. FILED 3/1 1932 C. E. Norris
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1932

I HEREBY CERTIFY, That I attended deceased from Feb 14 to Feb 20
 I last saw her alive on Feb 20, 1932 Death is said to have occurred on the date stated above, at 7-15 P.M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? Yes

If so, specify

(Signed) M. B. J. J. J., M. D.

(Address) Seneca, Mo.

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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 8 1932

