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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29382
Township Kaw — Primary Registration District No. 1002 — Registered No. 3808
City Kansas City (No. 1622 East 75th St. Terrace St. Ward)

2. FULL NAME Charlotta Lyon Ennis
(a) Residence, No. 1622 East 75th St. Terrace Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George A. Ennis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1868
7. AGE: YEARS 65 — MONTHS 4 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Kansas

FATHER
13. NAME Joseph H. Lyon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Lucy Ketner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Geo. A. Ennis, 1622 East 75th St. Terrace
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 9-20, 1933
19. UNDERTAKER (ADDRESS) Stiner & McClure, 3235 Gillham Plaza
20. FILED 9-27 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1933 to Sept 27, 1933
I last saw her alive on Sept 27, 1933 Death is said to have occurred on the date stated above, at 10:25 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Embolism — Date of onset 9/24/33
Other contributory causes of importance:
Chronic Myocarditis 8-13
Arteriosclerosis 97
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? 1622 E 75th Terrace (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? .....
If so, specify .....
(Signed) John G. Lapp, M. D.
(Address) 1314 Professional Bldg