APR 16 1936

Scovern

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

Do not use this space.

9641

1. PLACE OF DEATH
County: Carroll — Registration District No.: 135
Township: — Primary Registration District No.: 3040
City: Carrollton (No. 802 North Jefferson St. 1st Ward)

File No.:
Registered No.: 40

2. FULL NAME: Lucy Pollard Enyeart

(a) Residence, No. 802 N. Jefferson St., 1st 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: 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: W R Enyeart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-12-1849

7. AGE — Years: 86 — Months: 5 — Days: 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home 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): Lima Ill

FATHER
13. NAME: Benjamin Glenn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Nancy M Thurston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Ella Fisher Hamburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oakhill DATE: 3/16 1936

19. UNDERTAKER (ADDRESS): Nelles Funeral Home Carrollton Mo

20. FILED: 3-16 1936 Ruth Hackney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1936, to 3-14, 1936
I last saw her alive on 3-14, 1936. Death is said to have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:

Fracture of Right hip — 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?
If so, specify
(Signed) H. B. Scovern M.D.
(Address) Carrollton, Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: Carroll — Registration District No.: 135 — File No.:
Township: — Primary Registration District No.: 3010 — Registered No.: 40
City: Carrollton (No. ..... St. ..... Ward)

2. FULL NAME: Lucy Pollard Emmert

(a) Residence, No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): m

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

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

7. AGE — YEARS: 86 — MONTHS: 5 — DAYS: 2. — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19..

19. UNDERTAKER (ADDRESS)

20. FILED 3-16, 1936 Ruth Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..... I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Fracture of rt hip — 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? accident. Date of injury 2-24, 1936
Where did injury occur? on side walk in front of own home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place.
Manner of injury fell on slick side walk.
Nature of injury broken hip.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. B. Sloperm, M. D.
(Address) Carrollton Mo

SUPPLEMENTARY

S-9641