

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.

MAY 15 1937

15261

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

(No. 3737 Benton)

File No. _____

Registered No. _____

St. 1807 Ward)

2. FULL NAME Jennie Taylor Enslin

(a) Residence, No. _____ St., _____ Ward. Wellsville, Mo.
(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)

Widowed

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

James M. Enslin

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

June 21, 1867

7. AGE

YEARS 69

MONTHS 9

DAYS 24

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)

Illinois

MOTHER FATHER

13. NAME

James Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Delawarer

15. MAIDEN NAME

Elizabeth Knowles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Delaware

17. INFORMANT (ADDRESS)

Mabel Rees
3737 Benton, Kansas City, Mo.

18. BURIAL

CEMETERY OR REMOVAL

PLACE

Wellsville, Mo DATE April 16 1937

19. UNDERTAKER (ADDRESS)

Stine & McClure
3235 Gillham Plaza

20. FILED

4-16-37 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1937, to 4/15, 1937

I last saw h.e. alive on 4/15, 1937. Death is said to have occurred on the date stated above, at P. 9:45

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

General debility

Name of operation _____ 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?

If so, specify _____

(Signed) H. O. Reuse

(Address) 2722 Prospect

M. D. O.

2722 Prospect,