JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Jackson
Township: Blue
City: ~~Independence~~ (No. ..... St. ..... Ward)

Registration District No. 398
Primary Registration District No. 5554

File No. 23908
Registered No. 219

2. FULL NAME: Mrs. Agnes Enss
(a) Residence, No. Hulling + Vineyard 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: Female
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 19 - 1873

7. AGE: Years 64 Months 4 Days 28 If LESS than 1 day, ... hrs. or ..... min.

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): Independence Mo.

FATHER
13. NAME: Charles Crump
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky

MOTHER
15. MAIDEN NAME: Zilda Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs. Ida St Clair 519 N Spring

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Woodlawn DATE: June 20, 1937

19. UNDERTAKER (ADDRESS): Ott + Mitchell Indep. Mo.

20. FILED: 6-21-, 1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936 to June 17, 1937
I last saw h. alive on June 17, 1937. 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:

	Date of onset
Carcinoma Thyroid	
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Other contributory causes of importance: Metastases to Liver

Name of operation: Thyroid Ectomy Date of: 10/6/37
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) Fred W Kirk, M. D.
(Address) Fairmount, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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