REC'D MAR 15 1938

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

Do not use this space.

File No. 6668

Registered No.

36

1. PLACE OF DEATH
County: Franklin
Township: Centralia
City: Sainte Clair (No. ..... St. ..... Ward)

Registration District No. 294
Primary Registration District No. 5409B

2. FULL NAME Donald Lee Ennis 520

(a) Residence, No. ..... St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1934

7. AGE: Years 3 | Months 11 | Days 29 | 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) St. Clair Mo.

FATHER
13. NAME Donald Ennis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo.

MOTHER
15. MAIDEN NAME Helen Burt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo.

17. INFORMANT Donald Ennis
(ADDRESS) St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cem. DATE Feb. 12, 1938

19. UNDERTAKER Wm. Losey & Co.
(ADDRESS) St. Clair, Mo.

20. FILED Feb. 26, 1938 W. H. Duckworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-10-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-8-1938, to 2-10-1938
I last saw him alive on 2-10-1938. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria & membranous croup	
10	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinic 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? No
If so, specify
(Signed) W. E. Pitchell, M. D.
(Address) St. Clair

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.