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.

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Montgomery — Registration District No. 592 — File No. 7520
Township — Primary Registration District No. 4350 — Registered No. 6
City Montgomery Mo (No. ..., ... St. ..... Ward)

2. FULL NAME William D. Endres 536
(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 2 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Mudd Endres
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 th 1876
7. AGE YEARS 61 MONTHS 4 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clergyman or paster of Church
10. Date deceased last worked at this occupation (month and year) Jan 1st 1935
11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) F Illinois

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

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

17. INFORMANT (ADDRESS) Lora Mudd Endres Montgomery City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City Cem DATE 2/26/1938
19. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City Mo
20. FILED Feb 25 1938 Bruce Menefee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1937, to Feb 24, 1938
I last saw him alive on Feb 23, 1938. Death is said to have occurred on the date stated above, at 3:00a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	2-21-38
Cerebral Haemorrhage	2-3-38

Other contributory causes of importance:

Chronic Glomerulo-nephritis	?
Chronic Myocardosis	?

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical & Lab 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) James O. Helm, M. D.
(Address) New Florence Mo.

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