

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

12206  
Do not use this space.

REC'D APR 22 1938

1. PLACE OF DEATH

(a) County Saline Registration District No. 796  
(b) Township Marshall Primary Registration District No. 3038 Registered No. 52  
(c) City Marshall, Mo. (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Myrtle Enyard

(a) Residence, No. East Vest St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ace Enyard  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1892  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 6 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as 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) Macon, Co. (STATE OR COUNTRY) Mo.

13. NAME William Smith

14. BIRTHPLACE (CITY OR TOWN) Macon Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Celia Grant

16. BIRTHPLACE (CITY OR TOWN) Macon Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Mabel Gibson (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fair View Cem. DATE 3-27-38

19. FUNERAL DIRECTOR Reuben Robertson (ADDRESS) Marshall

20. FILED 3-26-38 Mary Kent Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-38  
22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938 to March 26, 1938  
I last saw her alive on March 24, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Ac. Parenchymatous Nephritis  
Operation Ventral Hernia  
Other contributory causes of importance: 193-11

Name of operation Tentative Date of March 25  
What test confirmed diagnosis? Cleaved Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) Robin Kennedy, M. D.  
(Address) Marshall, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Reuben Robertson, Licensed Embalmer No. 2185

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me according to law

.....L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**