

REC'D JUL 14 1938

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

21220

Do not use this space.

## 1. PLACE OF DEATH

(a) County Andrew, Registration District No. 16  
 (b) Township Rochester Primary Registration District No. 5020  
 (c) City Helena, (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 52. PRINT FULL NAME Caroline Enslow,

(a) Residence, No. Helena, Missouri, 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
67 5 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,

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. 1

12. BIRTHPLACE (CITY OR TOWN) Milwaukee,  
 (STATE OR COUNTRY) Wisconsin,

13. NAME Harry Hittenberger,

14. BIRTHPLACE (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Germany,

15. MAIDEN NAME Charlotte Young,

16. BIRTHPLACE (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Germany,

17. INFORMANT (ADDRESS) Albert E. Enslow  
Helena, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Helena, Mo. Cem, DATE June 24th, 38

19. FUNERAL DIRECTOR (ADDRESS) Lorak S. Bowman  
Savannah, Mo.

20. FILED June 22, 1938 Lora E. Frank  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 187, to June 21, 1938

I last saw her alive on June 20, 1938. Death is said to have occurred on the date stated above, at 1:15 PM

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

myocardial FailureDate of onset 6/21/38

Other contributory causes of importance:

arteriosclerosis - hypertensiveName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: no

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 H. Nichols, D. O.(Address) Helena, Mo.

