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.

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

Do not use this space.

40965

5346

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Raw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Enlow Katherine

(a) Residence. No. 1314 Cherry St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	11	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hsw
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Wm R. Lierlie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER Martha Hendrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT Record Clerk
(Address) Kansas City Genl Hosp

15. FILED 12-22 1928 M M Crow asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-20 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-19, 1928, to 12-20, 1928 that I last saw her alive on 12-20, 1928, and that death occurred, on the date stated above, at 1:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

1074 1004 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Findings

(Signed) P. E. Williams, M. D

12-20, 1928 (Address) Supt K. C. Genl Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Clayton Ill	12/22 1928

20. UNDERTAKER	ADDRESS
A. Mast	1915 East 15