

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

Do not use this space.

23546

PLACE OF DEATH

County Worth Registration District No. 1157
Township Kelso Kelso Primary Registration District No. 60657A
City Ansell (No. _____) (St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME Amie Enderlee

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 | 2 | 10 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kelso
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Christian Heiser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Heiser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

14. INFORMANT Joe Enderlee
(Address) Ansell, Mo

15. FILED 6-9 1929 R. A. Banner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June - 8 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1929 to June 8 1929
that I last saw her alive on June 7 1929 and the death occurred, on the date stated above, at 11:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina pectoris.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W. Washley, M. D.

6-9 1929 (Address) 735 Broadway Cape Girardeau Mo

*State the DISEASE CAUSING DEATH or in death 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

Kelso Cemetery June 10 1929
20. UNDERTAKER ADDRESS
Walther Und. Co. Cape Gir. Mo

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.

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