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.

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 30169

Township: — Primary Registration District No.: 1001 — Registered No.: 396

City: St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Sara Susan Enright

(a) Residence, No. 1523 St. Joseph Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Charles F. Enright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 23, 1880

7. AGE: 56 YEARS — MONTHS: 11 — DAYS: 24 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County Indiana

FATHER

13. NAME: Charles Y. Squires
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown North Carolina

MOTHER

15. MAIDEN NAME: Nancy Coomer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County Indiana

17. INFORMANT (ADDRESS): Chas. F. Enright 1523 St. Joseph Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Mora Cemetery
PLACE: St. Joseph, Mo. DATE: Aug. 19 1937

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED: Aug 18 1937 H. J. Nestlebuck Registrar. By J. Carter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1936 to Aug. 17, 1937

I last saw her alive on Aug. 17, 1937 Death is said to have occurred on the date stated above, at 8:40 P.m.

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

	Date of onset
Auricular Fibrillation	1935
Angina Pectoris	8/17/36
Other contributory causes of importance:	
myocardial insufficiency	9/9/36

Name of operation: Alcohol Inject. Thoracic nerves Date of: 7/6/37

What test confirmed diagnosis? Physical & Electrocardiograph 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) G. T. Bloomer, M. D.

(Address) 1218 N. 3d St