

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.

JUN 21 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15672

File No.

Registered No.

St. Ward)

1. PLACE OF DEATH

County ColeRegistration District No. 214Township RussellvillePrimary Registration District No. 4130City Russellville,

(No.

2. FULL NAME Isaac Enloe(a) Residence, No. Russellville, Mo. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22nd, 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>1</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, 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) Russellville, Missouri.
(STATE OR COUNTRY)13. NAME Joel Enloe14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Amos16. BIRTHPLACE (CITY OR TOWN) Russellville, Missouri
(STATE OR COUNTRY)17. INFORMANT A.A. Enloe
(ADDRESS) Russellville, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Campbell Cem. DATE May 29th, 193219. UNDERTAKER G. N. Steffens
(ADDRESS) Russellville, Mo.20. FILED May 29, 1932 W. H. L. Enloe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th, 193222. I HEREBY CERTIFY That I attended deceased from May 28, 1932 to May 28, 1932
I last saw him alive on May 28, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Apoplexy
22A
May 28, 1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?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?

If so, specify

(Signed) W. L. Leslie M. D.(Address) Russellville, Mo.

