DEC 22 1930

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

Do not use this space.

36485

1. PLACE OF DEATH

County Jackson — Registration District No. 404 — File No.

Township Washington — Primary Registration District No. 5558 — Registered No. 57

City (No. 8112 Belleview St. Ward)

2. FULL NAME Thomas B. Enochs

(a) Residence. No. 8112 Belleview St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25th. 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	10	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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 Sam'l. Enochs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

12. MAIDEN NAME OF MOTHER No Data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

14. INFORMANT Harry B. Enochs
(Address) 8112 Belleview

15. FILED 11-24-30, 19 Fred R. Lindsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1930, to Nov 23, 1930, that I last saw him alive on Nov 23, 1930, and that death occurred, on the date stated above, at 11 00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilitation of heart
Two hours (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis (duration) 4 yrs. mos. ds.

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) C. S. Merriman, M. D.
, 19 (Address) 1225 Rialto Bldg

*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
Mt. Moriah Cemetery	11/25 1930
20. UNDERTAKER	ADDRESS
W. F. Mayberry	City

WRITE PLAINLY, WITH UNFADING INK

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.

Dr. S. A. Merriman
1225 Rialto Bldg.