

DTC 22 1930

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

Do not use this space.

36522

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Jasper Primary Registration District No. 2002
City Joplin (No. 1601 Furnace St. _____ Ward _____)

File No. _____

Registered No. 481

2. FULL NAME

James Henry Enoch
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Ola Enoch</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 27 1899</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>6</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Joplin Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER

John Enoch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Joplin Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mrs Della Case

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Joplin Mo.
(STATE OR COUNTRY)

14.

INFORMANT Family
(Address) 1601 Furnace St

15.

FILED 4/3 1930 Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 - 1930
17. I HEREBY CERTIFY, That I attended deceased from _____, 1930 to Nov 30, 1930 that I last saw him alive on Nov 17, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bere Cervicitis
903
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Pulmonary embolus
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. J. Wilbur, M. D.

11-4 1930 (Address) Joplin Mo.

*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

Forest Park 11-4 1930

20. UNDERTAKER

Hesseltant Joplin
ADDRESS _____

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.

RESERVED FOR BIRTHING

