MAR 3 1933

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

Do not use this space.

2765

1. PLACE OF DEATH
82 County Pike — Registration District No. 681 — File No.
1 Township Quivre — Primary Registration District No. 4408 — Registered No. 6
2 City Bowling Green (No. H St. Ward)

2. FULL NAME Enoch H French

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Enoch French

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 8th 1890

7. AGE: YEARS 42 — MONTHS 11 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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) (STATE OR COUNTRY): Bowling Green Mo

FATHER
13. NAME: Anderson French
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Nancy Wells
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Mo

17. INFORMANT (ADDRESS): Ella Harrelson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bowling Green Cemetery DATE: 1-29, 1933

19. UNDERTAKER (ADDRESS): Grace Bank Head, Bowling Green Mo

20. FILED: 2/10th, 1933 Wm. Summers Comp. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to 1-27, 1933.
I last saw him alive on ....., 1933. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmn. Tuberculosis	unknown
23P	

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) J. H. Wilcoxen, M. D.
(Address) Bowling Green 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.

237