

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

Do not use this space.

35409

OCT 21 1936

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City Farmington, Mo.

Registration District No. 773  
Primary Registration District No. 6018A

File No. \_\_\_\_\_  
Registered No. 1166  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME F. E. Enloe

(a) Residence, No. Kansas City, 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 Male 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 not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1884

7. AGE YEARS 52 MONTHS 5 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Missouri

13. NAME James Enloe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Ryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL ~~CREMATION OR REMOVAL~~ K.P. Cemetery PLACE Farmington, Mo. DATE Sept. 13, 1936

19. UNDERTAKER Cozean Funeral Home (ADDRESS) Farmington, Mo.

20. FILED Sept. 12 1936 B. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to Sept 11, 1936  
I last saw him alive on Sept 11, 1936 Death is said to have occurred on the date stated above, at 11:58 a.m.

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

General Paralysis of the Insane - (Paralysis of the testis)

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Immense cerebral hemorrhage and generalized arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis clinical & lab. 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) P. S. Tate M. D.  
(Address) Hofp. #4 Farmington, 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.

