

JAN 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson

Registration District No. 213
Primary Registration District No. 5293
(No. Osage River Bridge on East Highway # 50 Ward)

44195

File No. _____
Registered No. 343

2. FULL NAME Joseph Peter Enders

(a) Residence, No. _____ St. _____ Ward Billings, Montana
(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Enders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 8, 1878</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>0</u>
		DAYS
		<u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>
	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) Plum City, Wis.
(STATE OR COUNTRY)

FATHER 13. NAME John Enders

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

MOTHER 15. MAIDEN NAME Gertrude Trimborn

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

17. INFORMANT Mrs. Mary Enders
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE WABASHA, MINN. DATE Dec. 11, 1936

19. UNDERTAKER John F. Heinrichs
(ADDRESS) Jefferson City, Mo.

20. FILED 12/12/36 1936 Russellville, Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-1936

22. I HEREBY CERTIFY, That I attended deceased from Schulnot without ceremony
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

Myo Carditis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? NO

If so, specify _____

(Signed) R. P. E. Weaver Registrar

(Address) Russellville Mo

