

REC'D JUL 14 1938

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

22438

Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
 (b) Township Salina Primary Registration District No. 4330 Registered No. 51
 (c) City Eldon, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Enoch Green Enloe

(a) Residence, No. Eldon, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as 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) Russellville,
 (STATE OR COUNTRY) Missouri,

13. NAME Benjamin S. Enloe

FATHER 14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Leslie

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

17. INFORMANT B. H. Enloe
 (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Enloe Cem. DATE June 4th, 1938.

19. FUNERAL DIRECTOR (NAME) G. N. Steffens
 (ADDRESS) Russellville, Mo.

20. FILED June 3, 1938 Belle Haynes
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to June 2, 1938
 I last saw him alive on 6-2, 1938 Death is said to have occurred on the date stated above, at 20 m.
 The principal cause of death and related causes of importance were as follows:

Glaucoma
1820
 Other contributory causes of importance: Inguinal Hernia 1925
 Date of onset 5-25-

Name of operation none Date of _____
 What test confirmed diagnosis? Glaucoma 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 to shelling
 (Signed) Eldon, M. D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, June 2nd, 1938

G. N. Steffens, Russellville, Mo., or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2307

P. O. Address Russellville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. Failure to sign with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.