

Bureau of Vital Statistics		CONNECTICUT STATE DEPARTMENT OF HEALTH Town of <u>Manchester</u>				Certificate of Death					
1	Full Name of Deceased <u>William Eneman</u>							Undertaker's Certificate			
2	Place of Death <u>Manchester,</u>		Town <u>No. 77 Garden Street</u>		St. <u></u>		Ward <u></u>				
3	No. of Families in House <u>2</u>	4	Residence at Time of Death <u>Manchester, Conn.</u>		5	Occupation <u>Retired Contractor</u>					
6	Single--Married <u>Married</u>		7	If wife or Widow of whom <u></u>							
8	Year Died <u>1929</u>	Month <u>10</u>	Day <u>28</u>	9	Year Born <u>1857</u>	Month <u>9</u>	Day <u>25</u>	10	Years Age <u>72</u>	Months <u>1</u>	Days <u>3</u>
11	Sex <u>Female</u>	12	Color <u>White</u>		13	Birthplace <u>Bayholon,</u>		Town <u>Sweden.</u>			
14	Full Name of Father <u>John Eneman</u>				15	Father's Birthplace <u>Bayholon, Sweden.</u>					
16	Maiden Name of Mother <u>Christine ?</u>				17	Mother's Birthplace <u>Sweden.</u>					
18	Place of Burial <u>Manchester</u>		Town <u></u>		Cemetery <u>East</u>						
19	Name of Informant <u>Mrs. Wm. Eneman</u>				Address <u>So. Manchester, Conn.</u>						
20	Was Body Embalmed <u>Yes</u>	If so, Name of Embalmer <u>J.H. Hull</u>	License No. <u>944</u>								
Signature of Undertaker	<u>Watkins Bros. Inc.</u>				Address <u>So. Manchester,</u>						
Form O-S-18	12-28	15M	<u>R.K. Anderson</u>								

THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A RECORD FILED WITH THE STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICES PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT.

Fredrick P. Adams, D.D.S., M.P.H.
Commissioner of Health Services



Kathryn E. Church
Registrar of Vital Records

APR 12 1990

4-10-90

Medical Certificate
of Death

1 Full Name of Deceased **William Eneman**

2 Primary Cause of Death **Arterio Sclerosis, Hypertensions,**
If death from violent cause state (1) means and nature of injury (2) whether accidental, suicidal or homicidal

3 Duration **585** Days

4 Secondary or Contributor **Myocarditis, Cerebral Hemorrhage.**

5 Duration **18** Days

Remarks

I hereby certify that I attended the deceased in his last illness and that the cause of death was as above stated.

Signature **Howard Boyd, M.D.**
Official Title

Dated **Oct. 28,** 192**9** Address **So. Manchester,**

Received for Record this **30** day of **Oct.** 192**9**

Attest

The foregoing is a true copy.
S. J. Turkington Registrar

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