

County _____
Civil Dis. _____ Registration District No. _____ File No. _____
or _____
Village _____ Primary Registration District No. _____ Reg. No. 666
or _____
City _____ (No. Fair Grounds _____ St.; _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
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.

2. FULL NAME EUGENE DeMONTREVILLE
(a) Residence: No. Fairgrounds place of abode) St. _____ Ward _____
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Augusta DeMontreville</u>			
6. DATE OF BIRTH (month, day, and year)			
7. AGE Years <u>60</u>	Months _____	Days _____	If LESS than 1 day, _____ hrs. of _____ min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Supt. Amusement Pk</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) (State or country) <u>Minn.</u>			
13. NAME			
14. BIRTHPLACE (city or town) (State or country)			
15. MAIDEN NAME			
16. BIRTHPLACE (city or town) (State or country)			
17. INFORMANT <u>Augusta De Montreville</u> (Address) <u>Fairgrounds</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Washington, D.C.</u> Date <u>2-19-35</u>			
19. UNDERTAKER <u>National Funeral Home</u> (Address)			
20. FILED <u>2-20-35</u> <u>L.M. Graves</u> Registrar			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Feb. 18, 1935</u>	
22. I HEREBY CERTIFY, that I attended deceased from <u>2-18</u> 19 <u>35</u> to <u>2-18-35</u>	
I last saw him _____ alive on _____, 19 _____ death is said to have occurred on the date stated above, at <u>2:30 P.</u>	
The principal cause of death and related causes of importance in order of onset were as follows:	
<u>Coronary thrombosis.</u>	
Contributory causes of importance not related to principal cause: <u>Over exercise.</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 10 _____ 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) <u>L.R. Polk</u> M. D. (Address) _____	

DIST. No. _____ CLASS No. _____
CERTIFICATE OF DEATH
DISTRICT OF COLUMBIA
No. OF RECORD 28312

1. PLACE OF DEATH:
No. Shelby County Memphis Tenn. Street _____ Section _____
Name of Hospital _____ Branch of residence therein _____
2. FULL NAME Eugene DeMontreville 1935 FEB 21 AM
(a) Residence, No. _____ Street _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX: Male	4. COLOR OR RACE: White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married	
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Augusta DeMontreville</u>			
6. DATE OF BIRTH (month, day, and year)			
7. AGE: <u>60</u>	Years _____	Months _____	Days _____ If LESS than 1 day, _____ hrs. _____ min.
8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.			
9. BIRTHPLACE (city or town) (State or country)			
10. NAME OF FATHER (in full)			
11. BIRTHPLACE OF FATHER: City or town _____ State or country _____			
12. MAIDEN NAME OF MOTHER (in full)			
13. BIRTHPLACE OF MOTHER: City or town _____ State or country _____			
14. Above information furnished by _____ Address _____			
15. Relation of informant to decedent _____			

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (month, day, and year) <u>2-18-1935</u>	
17. I HEREBY CERTIFY, that I attended deceased from _____ 19 _____ to _____ 19 _____ that I last saw him _____ alive on _____, 19 _____ and that death occurred, on the date stated above, at _____ in The CAUSE OF DEATH* was as follows: <u>Coronary Thrombosis</u>	
_____ (duration) _____ yrs. _____ mos. _____ ds.	
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.	
18. Where was disease contracted if not at place of death? _____ Did an operation precede death? _____ Date of operation _____ Was there an autopsy? _____ What laboratory test confirmed diagnosis? _____ (Signed) <u>L.M. Graves</u> Registrar, D. (Address) <u>Memphis Tenn</u>	
* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
19. PLACE OF BURIAL, CREMATION, OR REMOVAL: <u>Glenwood Cem</u>	DATE <u>2-22-1935</u>
20. UNDERTAKER <u>John J. Hines Co</u>	Address <u>2901 14th St. N.W.</u>