

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

10 23845

10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

County *Cape Girardeau*
Township *Grinder*

Registration District No. *124*

File No.

Village

Primary Registration District No. *5177*

Registered No.

City

(NO.)

St.

Ward)

2 FULL NAME

Lulu VanAmburg Estes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Married

6 DATE OF BIRTH

Dec 29 1890
(Month) (Day) (Year)

7 AGE

25 yrs. 6 mos. 10 ds.

If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

Burfordville MO

10 NAME OF FATHER

J. Van Amburg

11 BIRTHPLACE OF FATHER

MO

12 MAIDEN NAME OF MOTHER

Hollie Hart

13 BIRTHPLACE OF MOTHER

MO

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. Van Amburg

(Address)

Burfordville MO

15

Filed

July 11 1916 J. Van Amburg
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 8 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

Oct 1 1914 to *July 8 1916*
that I last saw h. in. alive on *July 8 1916*
and that death occurred, on the date stated above, at *4705* m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis.

121 / 50
(Duration) *1 yrs. 9 mos. 7 ds.*

CONTRIBUTORY (Secondary)

(Duration) *1 yrs. 9 mos. 7 ds.*
(Signed) *J. Van Amburg* M. D.
July 8 1916 (Address) *Burfordville*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Jackson MO

DATE OF BURIAL

July 10 1916

UNDERTAKER

Wm Russell Jr

ADDRESS

Jackson 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.

