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

Do not use this space.

2741

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 313

Township ..... Primary Registration District No. ..... Registered No. 8

City St Louis (No. Barnes Hospital ..... St. ..... Ward)

2. FULL NAME John A. Estes

(a) Residence. No. ..... St., 12 Ward. Chaonia, Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Appia Estes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) His own
(c) Name of employer Gen'l Merchandise

9. BIRTHPLACE (CITY OR TOWN) Taskee
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Estes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jane Shattock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Alva W. Estes
(Address) 1624 Texas Ave

15. FILED JAN 10 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 9 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 1 Dec 12, 1926, to Jan 9, 1927 that I last saw him alive on Jan 9, 1927, and that death occurred, on the date stated above, at 8 00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pancreatic Cyst
Non Malignant
128 (duration) 20 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 125 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF 12-15-26
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Louis C Barrette, M. D
, 19 (Address) Barnes Hospital

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Taskee - Mo. DATE OF BURIAL Jan 11 1927

20. UNDERTAKER Peetz Bros. 3029 ADDRESS Lafayette Ave

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.

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