JUL 29 1927

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

Do not use this space.

20460

1. PLACE OF DEATH
County Vernon
Township ~~Center~~
City Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. .....
Registered No. 113

2. FULL NAME Miller Estill
(a) Residence. No. 228 E Douglas St., ... Ward. .....
(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: M
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Martha Estill

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 14 1861

7. AGE: Years 66, Months 4, Days 22. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 82A
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Step Father Sargon Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mary Ann Burris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Unknown

14. INFORMANT: Frank Estill
(Address): 228 E Douglas St

15. FILED 7/6, 1927 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 5 1927

17. I HEREBY CERTIFY, that I attended deceased from May 1st 1927 to June 5 1927 that I last saw him alive on June 5, 1927, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
74 A 1
(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY): Dont Know
✓ (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) J. N. Love, M. D
6-7, 1927 (Address) Nevada, Mo

*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: Deepwood Cemetery
DATE OF BURIAL: June 8 1927

20. UNDERTAKER: Terry Bros Nevada Mo
ADDRESS

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.