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.

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

Do not use this space.

SEP 27 1927

23997

1. PLACE OF DEATH

County Dekalb — Registration District No. 259 — File No.

Township Camden — Primary Registration District No. ~~4158~~ 5357 — Registered No.

City (No. St. Ward)

2. FULL NAME Armsted Estes

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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)
M	C	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXX~~ Ethel Estes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	11	7	

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

9. BIRTHPLACE (CITY OR TOWN) Columbia, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Fobe Estes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucy Logan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia, Mo.
(STATE OR COUNTRY)

14. INFORMANT
(Address) Ethel Estes

15. FILED Aug 27 1927 J. L. Philps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 26th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 18th, 1927, to death ~~July~~ 26th, 1927 that I last saw him alive on August 26th, 1927, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart failure during an acute epileptic convulsion
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Brown that I know of (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At his home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) John M Brown, M. D
, 19 (Address) Maysville 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 Columbia, Mo — DATE OF BURIAL 19

20. UNDERTAKER J. L. Davier — ADDRESS Maysville Mo