

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

Do not use this space.

5347

**1. PLACE OF DEATH**

County Jasper  
Tennessee Jasper  
City Jasper

Registration District No. 411  
Primary Registration District No. 1326

File No. \_\_\_\_\_  
Registered No. 65  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bentah May Esterline  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 - 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>3</u>	<u>13</u>	

**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) Joplin Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Curtis Esterline

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

12. MAIDEN NAME OF MOTHER Margaret Sheppard

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

14. INFORMANT Curtis Esterline  
(Address) Joplin Mo

15. FILED 25, 1928 Dr. Benson Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 19 28

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1928 to Feb 10, 1928 that I last saw her alive on Feb 10, 1928 and that death occurred, on the date stated above, at 12:00 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar pneumonia  
10/10/11 (duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Dr. W. Winchester  
2-10, 1928 (Address) Joplin 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 Sarcio Cem DATE OF BURIAL 2-30  
1928

20. UNDERTAKER Wendell Ind Co ADDRESS Joplin 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.

MAR 19 1928

PERMANENT RECORD

