MAY 29 1928

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

Do not use this space.

12649

1. PLACE OF DEATH
County Clay
Township Liberty
City Liberty (No. ..... St. ..... Ward)
Registration District No. 201
Primary Registration District No. 2012
File No. .....
Registered No. 42

2. FULL NAME Benjamin Franklin Estes
(a) Residence. No. ..... Liberty Mo ..... 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 Male
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4 - 1848

7. AGE Years 79 Months 7 Days 22 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Platte Co.
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER B. F. Estes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Chidenbeard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT J. I. Estes
(Address) Liberty Mo

15. FILED 5/10/28 Wm H Goodson
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/26/ 1928

17. I HEREBY CERTIFY, That I attended deceased from April 20th, 1928, to April 26th, 1928 that I last saw him alive on April 26th, 1928, and that death occurred, on the date stated above, at 8 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
This called to see him April 20. for Difficult breathing. From Cardiac Lesn. Seemed to get better until 24th. Had Cerebral apoplexy = Paralysis of right side
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Cerebral apoplexy = Paralysis of throat + right side
(duration) yrs. mos. 2 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?
(Signed) E. H. Miller, M. D
, 19 (Address) Liberty 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 Providence near Liberty Mo
DATE OF BURIAL 4/27/ 1928

20. UNDERTAKER Church-Archer Co
ADDRESS Liberty 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.