N 1 1928

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

Do not use this space.

13084

1. PLACE OF DEATH
County Howard — Registration District No. 379 — File No.
Township Chariton — Primary Registration District No. 5527 — Registered No.
City (No. St. Ward)

2. FULL NAME Franklin Estill
(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 46 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 white
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (*write* the word) married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs Frank Estill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	1	0	

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) General Farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Texas
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Sidney Estill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jennie Crowley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard County Mo
(STATE OR COUNTRY)

14. INFORMANT George Estill
(Address) Glasgow Mo

15. FILED 4-11, 1928 C H Temple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1928

17. I HEREBY CERTIFY, That I attended deceased from 4 9, 1928, to 4 9, 1928 that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 6-45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:—
Myocarditis
(duration) yrs. mos. ds.

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

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) W B Kitchen, M. D
4-10, 1928 (Address) Glasgow 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 Richland Cemetery — DATE OF BURIAL April 10 1928
20. UNDERTAKER Ed S Wengler — ADDRESS Glasgow

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.

THIS IS A PERMANENT RECORD