

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

Do not use this space.

2532

1. PLACE OF DEATH

County Mississippi Registration District No. 566
 Township Wagonport Primary Registration District No. 5762
 City Charleston (No.) St. Ward)

2. FULL NAME

Estes Mc Mary
 (a) Residence, No. Charleston 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. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Bl 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Davis Mc Mary

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Near 27

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

9. BIRTHPLACE (CITY OR TOWN) Woodstock
 (STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Aherman Mc Mary

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT X Emma Davis Mc Mary
 (Address) X Memphis Tenn

15. Jan 29 1929
Frank S. Vernon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/11 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928 to Jan 1, 1929, that I last saw him alive on Jan 1, 1929, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
11 A
10 P M (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Flu
 (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) A. Amos Lee, M.D.

Jan 2, 1929 (Address) Charleston W.

*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 Widener, Arkansas DATE OF BURIAL 1/4 1929

20. UNDERTAKER Lair Uud. Co. ADDRESS Charleston

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

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Mr. Marshall