MAY 28 1929

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

Do not use this space.

1. PLACE OF DEATH
County: Pemiscot — Registration District No. 117
Township: Bodear — Primary Registration District No. 5869
City: Portageville (No. ..... St. .....)

File No. 117
Registered No. 7

2. FULL NAME: ~~[illegible]~~ George W Estes

(a) Residence. No. ..... 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. ..... 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~~: Hattie Estes

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 15-1884

7. AGE: Years 44 | Months 7 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

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): Obion Co
(STATE OR COUNTRY): Tenn

PARENTS

10. NAME OF FATHER: Green Estes
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Ina Chumley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Tenn

14. INFORMANT: Will Estes
(Address): Portageville Mo

15. FILED 4/10, 1929 — O. L. Cook, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-25-1929

17. I HEREBY CERTIFY That I attended deceased from Mar. 23, 1929, to Mar 24, 1929, that I last saw him alive on Mar 24, 1929, and that death occurred, on the date stated above, at 11 ½ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza and Pneumonia
11047
1320
1324
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Brights disease with arterio-sclerosis (duration) ..... yrs. 3 mos. ..... 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? Urinalysis
(Signed) A. L. Reeder, M. D
, 19 (Address) Portageville, 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: Portageville Cemetery — DATE OF BURIAL: 3/26 1929
20. UNDERTAKER: J. M. Rayne — ADDRESS: Portageville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp