WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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
CERTIFICATE OF DEATH

Do not use this space.

19785

File No. .....

Registered No. 5396

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. Skin & Cancer Hospt. St. ..... Ward)

2. FULL NAME Clarence Estill

(a) Residence. No. 4970a Delmar St., 12 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~~ Rosalie H. Estill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt. 1874

7. AGE: Years about 55 Months Days Unknown If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: B.D. Estill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Catherine Davenport
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Rosalie H. Estill
(Address) 4970a Delmar A

15. FILED MAY 15 1929, 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-14-1929

17. I HEREBY CERTIFY, That I attended deceased from 4-22-29, 19..., to 5-14-29, 19..., that I last saw him alive on 5-14-29, 19..., and that death occurred, on the date stated above, at 4 50/p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma left upper Jaw with metastasis to the neck (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. 10 mos. ..... ds.

43

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-1-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic & Clinical

(Signed) C. A. Rosenbaum, M. D.

, 19 (Address) 3427 Washington

*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: New Pickers Centre
DATE OF BURIAL: May 16 1929

20. UNDERTAKER: C. L. Swaghty
ADDRESS: 4822 Easton