

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

Do not use this space
**21504
2640**

1. PLACE OF DEATH

County Jackson Registration District No. **399**
Township Raw Primary Registration District No. **8002**
City Kansas City (No. 908 E. 14th) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Blanche Lee Estep
(a) Residence. No. 908 E. 14th St. 2 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 Fe. 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 Clay Estep
Harry Estep

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29 - 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>4</u>	<u>18</u>	

8. OCCUPATION OF DECEASED 108
(a) Trade, profession, or particular kind of work. Home. 131
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fulton
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Peter Doran

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

12. MAIDEN NAME OF MOTHER Jennie Salsman

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

14. INFORMANT Harry Estep
(Address) 908 E. 14th St. K.C. Mo.

15. FILED 6/13, 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12, 1929
17. Wednesday

I HEREBY CERTIFY, That I attended deceased from June 2, 1929 to June 11, 1929
that I last saw her alive on June 11, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
101W
Chronic parasyclimatare
nephritis (duration) 2 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic parasyclimatare
nephritis (duration) 2 yrs. 4 mos. 4 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?
(Signed) Allen J. Hensch, M. D.

6/12, 1929 (Address) 722 Chamber St
*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 6
Celwood, C. DATE OF BURIAL June 13, 1929

20. UNDERTAKER 80
Caylor Funeral Home ADDRESS 1800 Linwood

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.

15-1-235

MARGIN RESERVED FOR BINDING V. S. NO. 2

Dr. Allen Hearst,

722 Chamber's Bldg Ha. 8746 1 P.M. to 5 P.M.
421 W. 59th st Ter. Hi 6110.