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

Do not use this space.

Lord 32781

1. PLACE OF DEATH
County Vernon
Township Centre
City Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. .....
Registered No. 246

2. FULL NAME Virginia Lee Estes
(a) Residence. No. 505 N. Elm St., 3 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. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

OCT 24 1929

08 6 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE N
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4-1929

7. AGE Years — Months — Days 5 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Darrell Estes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Lucile Pierceall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Missouri

14. INFORMANT Leona Estes
(Address) Nevada Mo

15. FILED 10-8, 1929 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1929, to Sept 8, 1929 that I last saw her alive on Sept 8, 1929, and that death occurred, on the date stated above, at P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
107A
(duration) ..... yrs. ..... mos. 4 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) J. N. Loor, M. D
Sept 8, 1929 (Address) Nevada 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 Newton Cemet
DATE OF BURIAL Sept 10 1929

20. UNDERTAKER Ferry Funeral Home
ADDRESS Nevada

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
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Vernon — Registration District No.: 875 — File No.:
Township: — Primary Registration District No.: 3039 — Registered No.: 246
City: Nevada (No. ..., St. ..., Ward)

2. FULL NAME: Virginia Lee 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

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

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 10-8-1929 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchial Pneumonia.
... (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) ..., M. D.
, 19 (Address)

*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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

...SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
...STRARS SHALL NOT RECEIVE A ...E FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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