

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

Do not use this space.

287
3404
36776

1. PLACE OF DEATH

County Dunklin Registration District No. 288 File No. 36776
Township Class Primary Registration District No. 5428 Registered No. 7.6F
City (No. _____) St. _____ Ward _____

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5X. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) <u>Ida Estes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 4, 1864</u>		
7. AGE <u>65</u>	YEARS <u>6</u>	MONTHS <u>9</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>X</u> (c) Name of employer. <u>X</u>		

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>A. C. Estes</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>
	12. MAIDEN NAME OF MOTHER <u>Not Known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>

14. INFORMANT Jim Estes
(Address) Smith Mo.

15. FILED 12-1-29 H. B. B. 16-10
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1929
17. I HEREBY CERTIFY, That I attended deceased from physician to _____ 19____
that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
92A
duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 90A
duration) _____ yrs. _____ mos. _____ ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? Consent Winn

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. L. Rye Cor M. D.
1-7-1929 (Address) Kennett 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 Sub Cemetery DATE OF BURIAL Nov 7 1929

20. UNDERTAKER M. Daniel Hum Co ADDRESS Smith Mo

1. Introduction

2. Methodology

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County... Wright
Township... Clay
City..... (No.....)

Registration District No. 284
Primary Registration District No. 3409

File No.
Registered No. 4377
St. Ward)

2. FULL NAME

Bill 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1929

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4-1864

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endo Cardiac

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65- 6 2

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

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

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

10. NAME OF FATHER A. C. Estes

DID AN OPERATION PRECEDE DEATH? No DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

WAS THERE AN AUTOPSY? Coroner's View

12. MAIDEN NAME OF MOTHER Not known

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. G. Rigdon Coroner
117, 1929 (Address) Kennett mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

*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.

14. INFORMANT Jim Estes
(Address) Senath mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Luke Cemetery Nov 7 1929

15. FILED 10/30 29 E. S. Cape REGISTRAR

20. UNDERTAKER ADDRESS
McDaniel Funer Co Senath mo

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

SUPPLEMENTARY

S-36776