

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

Do not use this space.

4523

1. PLACE OF DEATH

County Dent
Township Merremac
City (No.) (St. Ward)

Registration District No. 266
Primary Registration District No. 5347

File No.
Registered No. 93 St. Ward

2. FULL NAME Benjamin rnaklin 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 3

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) Dent Co.
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Thomas J. Estes

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

12. MAIDEN NAME OF MOTHER Margaret Clark

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

14. INFORMANT Groveville Mann
(Address) Salem Mo.

15. FILED Feb 27 1930 W. E. Reed, M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/25 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1930, to Feb 24 1930 that I last saw him alive on Feb 24 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pancreatitis
Nephritis
131 (duration) 15 yrs. mos. da.
CONTRIBUTORY (SECONDARY) 166 (duration) 17 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings - Urinalysis
(Signed) W. E. Reed M.D.

. 19 (Address) Salem 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 Marcus Clark Cem. DATE OF BURIAL 2/27 1930

20. UNDERTAKER Carl K. Spencer ADDRESS Salem Mo.

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.

33

2

22