

15060-2

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

Do not use this space.

15060-2

1. PLACE OF DEATH

County Shelby
Township Six Rivers
City Shelbyville (No. _____)

Registration District No. 830
Primary Registration District No. 6091

File No. 76
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Perry Estey

(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 widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 | 2 | 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hope County
(STATE OR COUNTRY) New York

10. NAME OF FATHER Perry Estey

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

12. MAIDEN NAME OF MOTHER Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ireland

14. INFORMANT Mr. Albert E Young
(Address) Shelbyville

15. July 30 1930 Madge Wood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____
Mar. 28, 1930, to Apr. 24, 1930.
that I last saw h. l. m. alive on Apr. 24, 1930, and that death occurred, on the date stated above, at 7:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's disease
131
(duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Heart Failure (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? Chillicothe, Mo.
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? urine test
(Signed) R. L. Caldwell, M. D.
, 19 (Address) Shelbyville, 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 I.O.C.F. Shelbyville DATE OF BURIAL Apr 27 1930

20. UNDERTAKER J. B. Mothers ADDRESS Shelbyville

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.

