

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

Do not use this space.

19008

**1. PLACE OF DEATH**

County Dallas Registration District No. 247  
 Township Wilson Primary Registration District No. 5343  
 City Longview (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ephraim W. Estew  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-16-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 10 20

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Walter Estew  
 (Address) Longview Mo

15. FILED 6-10-1930 J. Talbot  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) June-6-1930

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1930, to June 5, 1930, that I last saw him alive on June 5, 1930, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocardia  
930  
8219 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 9003  
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Paul O. Hammond, M. D.  
June 7, 1930 (Address) Buffalo 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 Four mile DATE OF BURIAL June-8-1930

20. UNDERTAKER L. Brown ADDRESS Buffalo Mo

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.

