

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

Do not use this space.

26634

1. PLACE OF DEATH

County Jackson
Township Ray
City Brooklyns City (No. 2605)

Registration District No. 399
Primary Registration District No. 2002

File No. _____
Registered No. 3233 (Ward)
St. _____

2. FULL NAME

Robt Lee Estes
(a) Residence, No. 2605 Brooklyn St. 11 Ward.

(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)

married

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

Mrs Dora Estes

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

Nov 4-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

68

9

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

near Platt City, Mo.

(c) Name of employer

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

Platt City Mo.

10. NAME OF FATHER

Barton Estes

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

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

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

Unknown

14. INFORMANT

Dora Estes
(Address) 2605 Brooklyn

15. FILED

8/5 30 1930 M. M. Crowe
asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH Monday

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-4 1930

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____, 9:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rupture of aorta heart.

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

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Stanley M. Spier, M. D.

(Address) Deputy Coroner

*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

Forest Hill. aug 6 1930

20. UNDERTAKER ADDRESS

Eyles Funeral R. C. 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.

