SEP 25 1930

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

Do not use this space. 27071 27071 27071

1. PLACE OF DEATH
County Jasper
Township
City Joplin (No. ..... St. ..... Ward)
Registration District No. 411
Primary Registration District No. 2002
File No.
Registered No.

2. FULL NAME Estella Painter Fillins
(a) Residence. No. German Hospital St., ... Ward. Baxter Springs Ks
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.
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 Lee L Fillins
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 - 1882
7. AGE Years 48 Months 2 Days 20 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home,
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Telluride
(STATE OR COUNTRY) Colorado

PARENTS
10. NAME OF FATHER C. F. Painter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT Lee L. Fillins
(Address) Baxter Springs Ks.
15. FILED 8-22, 1930 A B Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1930
17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Aug 20, 1930 that I last saw her alive on Aug 20, 1930, and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
468
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Operation
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Baxter Spgs
DID AN OPERATION PRECEDE DEATH? ..... DATE OF Aug 20, 30
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings.
(Signed) S. R. Evanston, M. D.
8/21, 1930 (Address) Joplin 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 Park Memorial
DATE OF BURIAL 8/22 1930
20. UNDERTAKER Harvey's
ADDRESS Baxter Spgs Ks

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.

[illegible] INDICATING THIS IS A PERMANENT RECORD