

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

Do not use this space.

14805

1. PLACE OF DEATH

57 County Reese
Township Union
City Whiteside (No., St. Ward)

Registration District No. 697 490
Primary Registration District No. 5653

File No.
Registered No. 2
St. Ward)

2. FULL NAME

(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.

Phoebe P. Magruder

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-8-1841
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 5 28

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

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER William Estes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) KY
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Margarett Parkes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Anna E. Henry
(Address) Whiteside - MO

15. FILED Apr 7 1931 - B. M. Gosh
O. H. Dannon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1931
17. I HEREBY CERTIFY, That I attended deceased from 3:27, 1931, to 4:16, 1931, (that I last saw her alive on 4/6, 1931, and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
due to
hypertension
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Paralysis
(Signed) J. B. Hoeger, M. D.
4/6 1931 (Address) Whiteside 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 Mill Creek Cemetery DATE OF BURIAL Apr. 8 - 1931
20. UNDERTAKER Gosh & Buchanan ADDRESS Calmar 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.

MAY 25 1931

