

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

Do not use this space.

32044

1. PLACE OF DEATH

County Greene
Township Hays
City Hays MO (No.)

Registration District No. 65-3
Primary Registration District No. 4390

File No.
Registered No. 106
St. Ward)

2. FULL NAME

Martha Ann Estes
(a) Residence, No. St. Ward.
(Usual place of abode)
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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Widow of J. F. Estes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

13. NAME Daniel French

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sarah Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Frank Estes
Hays MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie DATE Sept 3 1931

19. UNDERTAKER (ADDRESS) La Forge Undertaking Co
Cambria, Mo.

20. FILED 10-16-1931 Geo Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1931, to Sept 1 1931

I last saw him alive on Sept 1 1931 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Tuberculosis
131
Other contributory causes of importance:
131

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Dr Rhodes (Signed)

(Address) Hays Mo

Dr Rhodes

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.

NOV 5 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PUBLIC RECORD

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