

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.

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

Do not use this space.

2688

1. PLACE OF DEATH

County..... Registration District No. 473  
Township..... Primary Registration District No.  
City, St. Louis, No. 2705 Eugenia Street

File No.....  
Registered No. 383  
St. .... Ward)

2. FULL NAME Mary Estes

(a) Residence, No. 2705 Eugenia Street 22 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 44 ✓ ✓ ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 82

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nut Factory

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazlehurst 2  
Mississippi

13. NAME Hall Holloman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazlehurst  
Mississippi

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman  
Kentucky

17. INFORMANT Clasie Brown  
(ADDRESS) 222 North Chapman

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 14, 1932

19. UNDERTAKER Charles J. Gales  
(ADDRESS) 4107 S. Grand

20. FILED 12 1932 W. C. Parker  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/2, 1932, to 1/9, 1932

I last saw him alive on 1/9, 1932 Death is said to have occurred on the date stated above, at 10 P. m.

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

108  
Robert P. Pinner  
108  
Other contributory causes of importance: 108

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.....

(Signed) W. C. Pinner, M. D.  
(Address) 214 Peoples Bldg

8/24/44 (4)