

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

Do not use this space.

19520
2325

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. 123, SOUTH KENSINGTON St. _____ Ward _____)

2. FULL NAME MRS. MARY J. ESTES

(a) Residence, No. 123 SOUTH KENSINGTON Ward. 10

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. M. ESTES</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE-18-1857</u>		
7. AGE <u>74</u> YEARS	<u>11</u> MONTHS	<u>23</u> DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>AT HOME</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>47</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KENTUCKY</u>		
13. NAME <u>SAMUEL HARDWICK</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KENTUCKY</u>		
15. MAIDEN NAME <u>SARAH FRANCES GALLASPIE</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KENTUCKY</u>		
17. INFORMANT <u>MRS. ERNEST E. ELLIOTT</u> (ADDRESS) <u>123 SOUTH KENSINGTON AVE</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>EVANSTON, ILL.</u> DATE <u>JUNE-12-1932</u>		
19. UNDERTAKER <u>D. W. NEWCOMER'S, SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u>		
20. FILED <u>6/21-32</u> <u>W. M. Crowe</u> Regist.		

MEDICAL CERTIFICATE OF DEATH

7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-11-1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to 6-11-32, 1932.
I last saw her alive on 6-11-32, 1932. Death is said to have occurred on the date stated above, at 12:30A.
The principal cause of death and related causes of importance were as follows:
Cancer of sigmoid & metastases to liver, pancreas and lung.

Other contributory causes of importance:
Arteriosclerosis, myocardial changes, arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis? Post mortem Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) Donald K. Black, M. D.
(Address) 924 Prof. Bldg.

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.

MAJIN RESERVED FOR BINING

V.S. NO. Z.

