

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

Do not use this space.

34739

1. PLACE OF DEATH

9 County Bollinger
2 Township Marble Hill
1 City Marble Hill (No.)

Registration District No. 67
Primary Registration District No. 1439

File No.
Registered No. 19 St. Ward)

2. FULL NAME

Mary E Lambaugh Estes

(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.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>P. W. Estes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27 - 1948</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>3</u>
	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger County</u>		
FATHER	13. NAME <u>Ellison Lambaugh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Sallie Jane Miller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger County, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. F. H. Edwards</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reste Cemetery</u> DATE <u>11-17-32</u>		
19. UNDERTAKER (ADDRESS) <u>Mt. Vernon Undertaking Co. 1122 S. 20th St. St. Louis, Mo.</u>		
20. FILED <u>Nov 15 - 1932</u> <u>G. A. Sander</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 14 1932 to Nov. 15 1932

I last saw him alive on Nov. 13 1932 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 12A 11-10-32
Hemiplegia Date of onset 8 2A 11-10-32

Other contributory causes of importance:
Chronic valvular disease of heart

Name of operation

What test confirmed diagnosis?

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

Where did injury occur?

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 G. A. Sander M. D.
(Signed) G. A. Sander Registrar.
(Address) Marble Hill, 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.

V. S. NO. 2.

MARGIN RESERVED FOR BINDING

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