

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

Do not use this space.

36252

File No.
Registered No. 94
St. Ward)

1. PLACE OF DEATH

County Linn Registration District No. 468
Township Richmond Primary Registration District No. 5629
City Logan (No. St. Ward)

2. FULL NAME

Amanda 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

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>John Estes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-15-1845</u>				
7. AGE	YEARS <u>87</u>	MONTHS <u>3</u>	DAYS <u>4</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>Nursekeeper</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>Linn Mo</u>				
FATHER	13. NAME <u>Carnes</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Mo</u>			
MOTHER	15. MAIDEN NAME <u>Himmie Gold</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Mo</u>			
17. INFORMANT (ADDRESS) <u>Vina Watkins Logan Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Night Country</u> DATE <u>7/10/21/06/1932</u>				
19. UNDERTAKER (ADDRESS) <u>W. Wallace Williams Mo.</u>				
20. FILED <u>Dec 3 1932</u> <u>R. Andrews</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from June 1st 1932 to Nov 1932 1932
I last saw h- alive on Nov 1932 1932 Death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:
Chronic Hypocardia
930 730
Other contributory causes of importance:
U

Name of operation..... Date of.....
What test confirmed diagnosis? Symptoms Was there an autopsy? no

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) J. W. Lester M. D.
(Address) Marionville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

