

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

Do not use this space.

39252

1. PLACE OF DEATH
39 County Franklin Registration District No. 318
3 Township Springfield Primary Registration District No. 2001
5 City Springfield (No. 422 W. Walnut) St. W-E. Estes Ward) _____

2. FULL NAME Oliver W. 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 867
St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ms 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ms

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 24 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 2 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo.

FATHER
13. NAME John Estes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mandy Cavender
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. J. Estes
(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mononville Mo DATE 7/2 - 1932

19. UNDERTAKER W. S. Harris
(ADDRESS) Springfield Mo.

20. FILED 1-2-11 1932 Ralph W. Langston
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-32

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932 to Dec 9, 1932
I last saw him alive on Dec 9, 1932. Death is said to have occurred on the date stated above, 3:10 PM.
The principal cause of death and related causes of importance were as follows:
Labor pneumonia
108 100 97
Other contributory causes of importance:
Generalized arteriosclerosis
Early myocardium

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) Francis, M. D.
(Address) Springfield 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.

JAN 23 1933

