MAY 25 1934

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

Do not use this space.
15515

1. PLACE OF DEATH
County: Vernon — Registration District No.: 875 — File No.: 74
Township: Washington — Primary Registration District No.: 6162 — Registered No.:
City: Nevada Mo (No. St. Hospital St., Ward)

2. FULL NAME: Wm. Henry Esfey
(a) Residence, No. State Hosp. State St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 2 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. W. H. Esfey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25, 1858

7. AGE: Years 75 — Months 9 — Days 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: merchant furniture
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): Gallville Ark.

FATHER
13. NAME: Jno. Esfey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Susan Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs. W. H. Esfey 618 S. Benton, Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Park DATE: May 1, 19 34

19. UNDERTAKER (ADDRESS): Fred C. Greene Springfield Mo

20. FILED: 4/29 1934 W. M. Gunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1931, to Apr. 29, 1934. I last saw him alive on 11 11, 1934. Death is said to have occurred on the date stated above, at 12-30 P.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset: 3 wks.
1934 / 1934 / 97 / 10 7A

Other contributory causes of importance:
Arteriosclerosis associated with myocardial insuf. — ?

Name of operation: none — Date of:
What test confirmed diagnosis? Clinical — 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) T. T. O'Dell, M. D.
(Address) Nevada, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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