

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

Do not use this space.

25971

**1. PLACE OF DEATH**

County Cedar  
Township \_\_\_\_\_  
City Humansville (No. \_\_\_\_\_)

Registration District No. 700  
Primary Registration District No. 4404

File No. July 9, 1934  
Registered No. 63  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elizabeth Francis 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfonso Estes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1859  
7. AGE YEARS 74 MONTHS 6 DAYS 19 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) St. Clair Co., Mo.

FATHER 13. NAME Clement S. Walton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) A. Cardenas

MOTHER 15. MAIDEN NAME Eliza J. Reid

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Claud Estes, Humansville, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE White Cemetery DATE July 9, 1934

19. UNDERTAKER (ADDRESS) W. G. Davis and Co., Stockton, Mo.

20. FILED July 9, 1934 B. A. Brown Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan, 1932, to July 3, 1934  
I last saw her alive on July 3, 1934. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Emphysema Date of onset 5 yrs  
asthma  
Probably edema of lungs 2 days

Other contributory causes of importance: 113

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

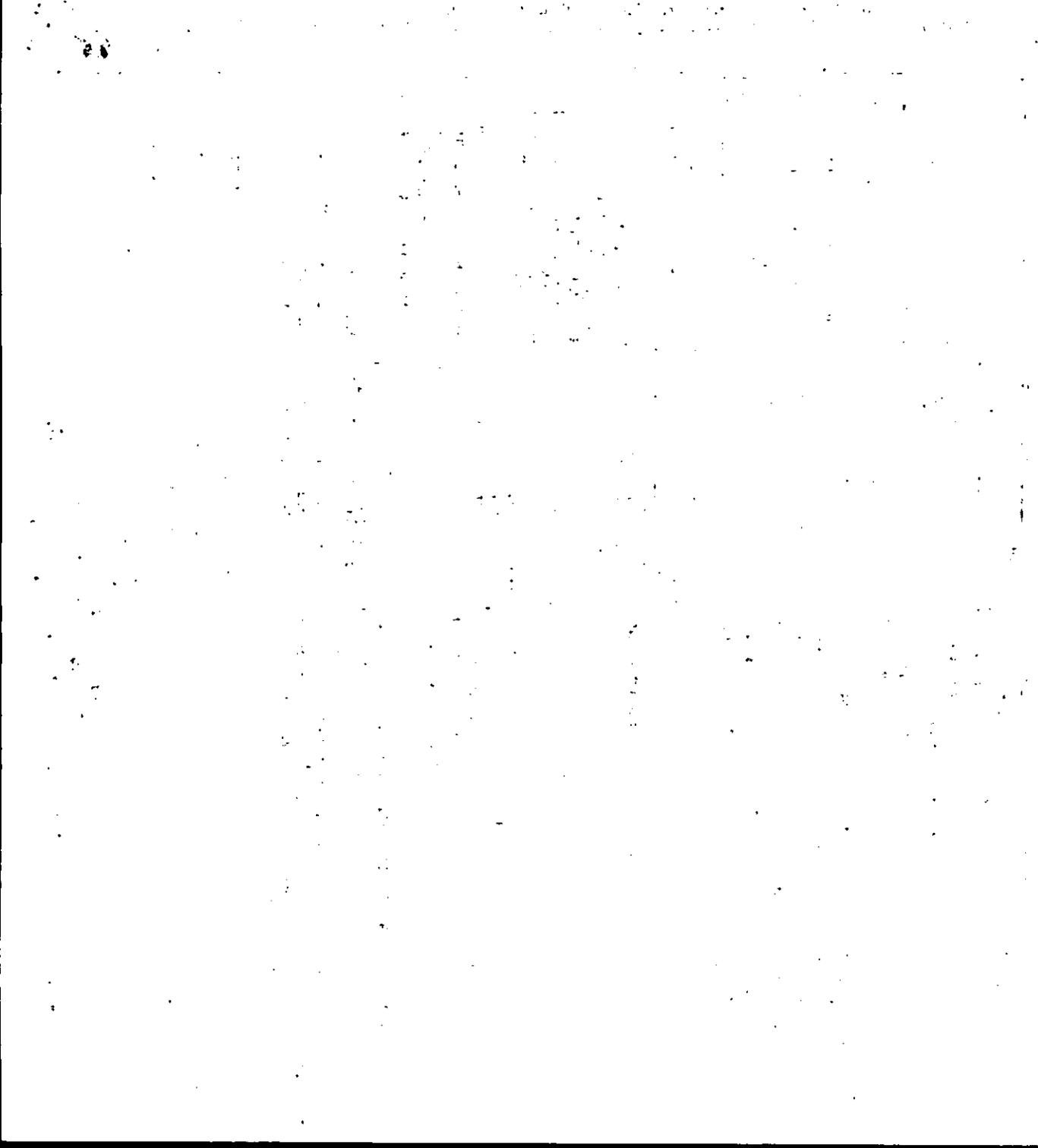
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) R. M. Neuman, M. D.  
(Address) Humansville, 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.

1934  
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**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Walk  
Township  
City Winnemouille (No. ....)

Registration District No. 703  
Primary Registration District No. 4424

File No. ....  
Registered No. 63  
St. .... Ward

**2. FULL NAME**

Elizabeth Frances Estes

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar Estes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) St Clair County Mo

13. NAME Element S Waller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

15. MAIDEN NAME Eliza J. Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Edward Estes Winnemouille Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Witte Cem DATE July 4 1934

19. UNDERTAKER (ADDRESS) W. C. Hayes & Co. Stackton Mo

20. FILED July 30 1934 O.R.A. M. Rich Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 1932 to July 3 1934  
I last saw him alive on July 3 1934 Death is said to have occurred on the 3 day of July 1934 m.

The principal cause of death and related causes of importance were as follows:  
Emphysema  
Asthma  
Probably pneumonia  
of lungs  
Other contributory causes of importance: W

Date of onset 5 yrs  
2 days

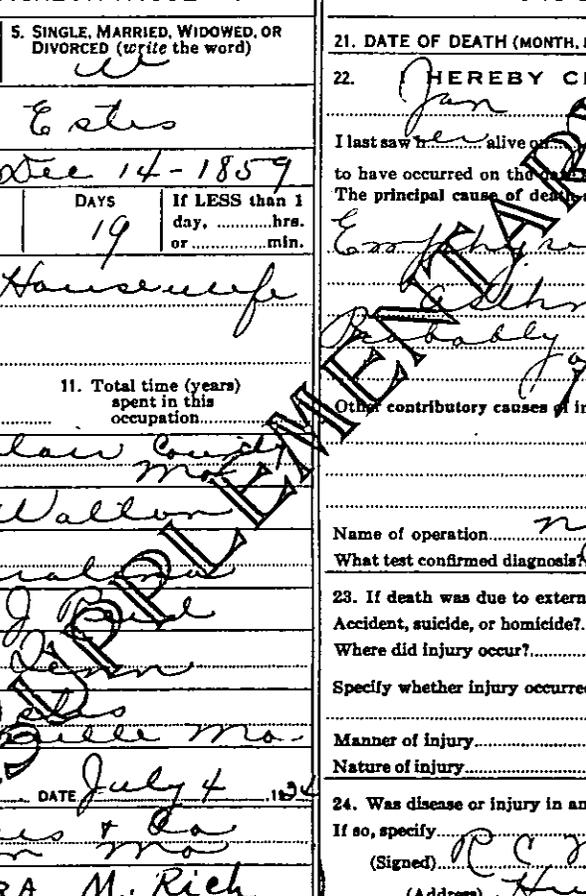
Name of operation none Date of .....  
What test confirmed diagnosis chest Was there an autopsy? .....

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) R. S. Nelson, M. D.  
(Address) Winnemouille 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.



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