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.

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

FEB 8 1935

Do not use this space. 33637-56

1. PLACE OF DEATH
County: Pemiscot
Township: Virginia
City: ..... (No. ..... St. ..... Ward)
Registration District No. 655
Primary Registration District No. 5877
File No. .....
Registered No. .....

2. FULL NAME: Ophelia Estes
(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode) Steele Mo
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: 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: John Estes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-7-1865

7. AGE: Years 69 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 9-27-34
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK.

FATHER
13. NAME: DK.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

MOTHER
15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK.

17. INFORMANT (ADDRESS): W J Estes Steele Mo RFD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cayman Cemetery DATE ..... 19.....

19. UNDERTAKER (ADDRESS): Hennessy Mc Cl Co Steele Mo

20. FILED 10/1 19 34 By Max F. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	9/28.
(Still Dead)	

Other contributory causes of importance: age

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) J M Rhodes Coroner, M.D.
(Address) Hayti Mo.