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.

DEC 12 1934

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

Do not use this space.

38247

1. PLACE OF DEATH
County Stoddard — Registration District No. 838 — File No.
Township ~~Liberty~~ — Primary Registration District No. 4509 — Registered No. 132
City Dexter (No. ..... St. ..... Ward)

2. FULL NAME Mary Frances Estis
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1853
7. AGE YEARS 80 MONTHS 11 DAYS 8 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) Not Known

FATHER
13. NAME Isaac Magee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

MOTHER
15. MAIDEN NAME Juvanda Linville
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) Mrs. Fanny Bennett Dexter, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Walker Cem. DATE 10-25-1934
19. UNDERTAKER (ADDRESS) Chiles Und. Co. Bloomfield, Mo.
20. FILED 12-10, 1934 Alice L Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-1934
22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1934, to 10/24, 1934
I last saw her alive on 10/24, 1934 Death is said to have occurred on the date stated above, at 1:15 P.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation ..... 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) S. S. Davis, M. D.
(Address) Dexter Mo