

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

Do not use this space.

MAY 25 1935

12632

1. PLACE OF DEATH

County Henry Registration District No. 349  
Township Leola Primary Registration District No. 5487  
City Leola (No. ....) St. .... Ward) (If nonresident, give city or town and State)

2. FULL NAME

Estelle Bell Morgan  
(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 3 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 (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1906  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
28 7 6

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Home wife  
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) Henry Co., Mo.

13. NAME Clara Whittaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Clara Colson

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

17. INFORMANT (ADDRESS) Mr. Estelle Morgan  
Henry Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun, Mo. DATE 4-4 1935

19. UNDERTAKER (ADDRESS) W. J. Starninger  
Leola, Mo.

20. FILED 4-4 1935 Mo. A. A. Gray  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1935 to April 3rd 1935  
I last saw him live on April 3rd 1935 Death is said

to have occurred on the date stated above, at 3:10 A. m.

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

That her death was caused by a Pistol shot from a 27 caliber pistol in her own hands. There was an August

Other contributory causes of importance:

Chronic Stomach & All heart

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

Where did injury occur? Henry Co., Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury She shot herself through the chest

Nature of injury Pistol shot wound as above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. J. Starninger M. D.  
Assistant Medical Coroner of Henry Co., Mo.

