

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.

1 JUN 24 1935

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

Do not use this space.

16940

1. PLACE OF DEATH

County Ballad
Township Springhollow
City (No. St. Ward)

Registration District No. 449
Primary Registration District No. 8613

File No.
Registered No.

2. FULL NAME Orris Wilton 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella May Estes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8 1879</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>7</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1935, to 5/8, 1935. I last saw him alive on 5/8, 1935. Death is said to have occurred on the date stated above, at 8 P. m.

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

Sobar

Other contributory causes of importance:

Flu

Name of operation Date of

What test confirmed diagnosis Physic 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?

If so, specify
(Signed) J. L. Brucage, M. D.
(Address) Lebanon, Mo.

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davis Co Mo</u>
13. NAME <u>Wilson Estes</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
15. MAIDEN NAME <u>" "</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>
17. INFORMANT <u>Stella May Estes</u> (ADDRESS) <u>Lebanon Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Atchley</u> DATE <u>5/10</u> <u>35</u>
19. UNDERTAKER <u>W.E. Holman</u> (ADDRESS) <u>Lebanon Mo</u>
20. FILED <u>5/12</u> 19 <u>35</u> <u>J.H. McCoub</u> Registrar

