

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

Do not use this space.

DEC 18 1935

35876

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Bethelham Primary Registration District No. 5489 A
City Clinton (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Mrs. John B. Estes

(a) Residence, No. Clinton Mo. R. 3 St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>John B. Estes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 31 1863</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>life</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston Co. Missouri</u>		
13. NAME <u>John W. Lile</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston Co. Missouri</u>		
15. MAIDEN NAME <u>Lovie H. Gregory</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Missouri</u>		
17. INFORMANT (ADDRESS) <u>John B. Estes Clinton Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethelham</u> DATE <u>11 24 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Wilkinson Funeral Home Clinton Missouri</u>		
20. FILED <u>71-23</u> 19 <u>35</u> <u>J. R. Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 21 1935

22. I HEREBY CERTIFY, That I attended deceased from on Nov 21 1935
er died Nov. 21 1935
I last saw him alive on Nov. 21 1935 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Her death was sudden from apoplexy following a period of delirium caused by a attack of Paralytic a year ago
Date of onset _____
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? There was no autopsy. 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? at home on the road (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) Dr. Lewis G. Carr M. D.
(Address) Clinton, Mo. Carr
of Henry Co. Mo.

