

APR 17 1936

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

Do not use this space.

10093

1. PLACE OF DEATH

County Desconade
Township Canaan
City (No.)

Registration District No. 305-
Primary Registration District No. 5422

File No. 6
Registered No. 6
St. Ward

2. FULL NAME

Caroline Louise Estes

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Milton Estes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 9 27

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) Near Owensville, Missouri

13. NAME Chris Baeker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Risa Berger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Alva Estes
(ADDRESS) Roadbed, Mo. Route 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Salem Cemetery DATE March 29, 1936

19. UNDERTAKER H. I. Gamm
(ADDRESS) Owensville, Mo.

20. FILED 4-1 1936 J. F. Fersell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25, 1936
22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to March 25, 1936
I last saw her alive on March 24, 1936 Death is said to have occurred on the date stated above, at 7:15 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
131
Other contributory causes of importance:
Polycystic Kidney
Date of onset

Name of operation Cystoscopy Date of No
What test confirmed diagnosis? No 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? (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) Joseph W. Miles, M. D.
(Address) Owensville, Mo.

