

MAY 18 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 124
Township Rinder Primary Registration District No. 5177
City Burfordville Mo. St. _____ Ward _____

File No. 15913
Registered No. 15

2. FULL NAME

Loradaa Estes

(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 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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Estes

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1870

8. AGE YEARS 66 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) _____ 12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (CITY OR TOWN) Daisy Mo. (STATE OR COUNTRY) Cape Girardeau Co.

14. NAME Andrew Crites

15. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

16. MAIDEN NAME Sarah Smith

17. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

18. INFORMANT Clara Butson (ADDRESS) Burfordville Mo.

19. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Cem DATE April 11, 1937

20. UNDERTAKER Maake Wilson - Howard (ADDRESS) Jackson Mo.

21. FILED 4-10-37 19 37 D. G. Subit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to April 9, 1937. I last saw her alive on April 8, 1937. Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Lobar Pneumonia Date of onset May

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Ch. Jackson, M. D.
(Address) Jackson Mo.

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.

