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

MAY 21 1937

Do not use this space.

1. PLACE OF DEATH
County Howard — Registration District No. 380 — File No. 16523
Township Franklin — Primary Registration District No. 5530 — Registered No. 13
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Ann 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Andrew Estes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 29 - 1847
7. AGE: YEARS 89 — MONTHS 5 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Unknown
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: John Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Nancy Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): John W. Estes, Fayette, Mo. RR 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Versailles Mo. DATE Apr 12/37, 19
19. UNDERTAKER (ADDRESS): C. S. Duncan, New Franklin, Mo.
20. FILED 4-12- 1937 J. B. Fleet, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10, 1937
22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1937, to Apr 9, 1937
I last saw her alive on Apr 9, 1937. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown

Other contributory causes of importance: Senility

93251

Name of operation: None — Date of .....
What test confirmed diagnosis? None — Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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? No
If so, specify .....
(Signed) G. L. Chamberlain, M. D.
(Address) New Franklin Mo.