

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

Do not use this space.

MAY 31 1937

17758

1. PLACE OF DEATH
 County Stoddard Registration District No. 836
 Township Liberty Primary Registration District No. 4507
 City Bernie (No.) St. Ward

2. FULL NAME John W Esterline
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Esterline

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1859

7. AGE YEARS 78 MONTHS 3 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Spencer County (STATE OR COUNTRY) Indiana

13. NAME John Esterline

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME unknown

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

17. INFORMANT Bloner Esterline (ADDRESS) Garma Mrs. 2701

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie Cem DATE 4-13-37

19. UNDERTAKER Dale J. Hopkins (ADDRESS) Beriah Mrs.

20. FILED Apr 24 1937 Flourence Allen Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-8- 1937, to 4-12- 1937
 I last saw him alive on 4-12- 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Senility
 Date of onset

Other contributory causes of importance: 16

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Lawson Ryan, M. D.
 (Address) Beriah Mrs

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.

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