JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No. 23345
Township " " — Primary Registration District No. 3009 — Registered No. 180
City " " " (No. 2 , St. Ward)

2. FULL NAME Dick 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 23. 1915

7. AGE: YEARS 21 — MONTHS 7 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmhand
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) Portageville, Mo.

FATHER
13. NAME George Estes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Obion Co., Tenn.

MOTHER
15. MAIDEN NAME Sallie Hicks Estes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo.

17. INFORMANT (ADDRESS) Homer Estes,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville, Mo. DATE June 9, 1937

19. UNDERTAKER (ADDRESS) R M Payne Portageville Mo

20. FILED 6-7 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 1937, to 6/7, 1937
I last saw him alive on 6/7, 1937. Death is said to have occurred on the date stated above, at 12:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Amputation Both Leg	

Other contributory causes of importance:

Name of operation No 207 M 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?~~ Acc Date of injury 6/7, 1937
Where did injury occur? Struck by Train (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 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) C. Breith, M. D.
(Address) Cape Girardeau 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.