

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

Do not use this space.

**1. PLACE OF DEATH**

County *St. Francois*  
Township *Randolph*  
City *Leadwood* (No. ....)

Registration District No. *33*  
Primary Registration District No. *6024B*

File No. *3940*  
Registered No. *24*  
St. .... Ward)

**2. FULL NAME**

*Charles Lee Estes 232*

(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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Viola Estes*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 25 1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*72 H 1 22*

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

MOTHER FATHER 13. NAME *Merisucher Louis Estes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas*

15. MAIDEN NAME *Nancy Moore*

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas*

17. INFORMANT (ADDRESS) *Viola Estes Leadwood R-1 Mo*

18. BURIAL, CREMATION, OR REMOVAL *Leadwood Cemetery Leadwood Mo Jan 19 1938*

19. UNDERTAKER (ADDRESS) *J. J. Boyer Leadwood Mo*

20. FILED *2/11 1938 W. E. Leubner Registrar.*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 9 1938* to *Jan 17 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 9 1938* to *Jan 17 1938*. I last saw him alive on *Jan 9 1938*. Death is said to have occurred on the date stated above, at *11:30 pm*.

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

*Hypertension Cardiovascular disease  
Thrombosis of Femoral Vein (left) 1/15/38*

Other contributory causes of importance:

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) *John W Hunt* M. D.

(Address) *Leadwood Mo*

RECEIVED

FEB 28 1938

BUREAU OF MINERAL RESOURCES  
MO. STATE DEPARTMENT OF GEOLOGY

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3940

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 33  
 (b) Township Randolph Primary Registration District No. 6024B Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chas Lee Estes

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 1 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner (retired)  
 9. Industry or business in which work was done, as saw mill, bank, etc. Lead mine  
 10. Date deceased last worked at this occupation (month and year) about 1927 11. Total time (years) spent in this occupation 30

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3-22-38

W. E. Ackerley  
Chas. B. K. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

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) John W. Hunt, M. D.

(Address) Leadwood Mo

1938  
S-3940