REC'D MAR 14 1938

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

Do not use this space.

File No. 5998

Registered No. 7

1. PLACE OF DEATH

County: Benton

Township: ~~West~~ White

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 60

Primary Registration District No. 2095

2. FULL NAME: Mrs. Lucy Ann 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: 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: Bird Estes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15, 1846

7. AGE: Years 91 | Months 1 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 COUNTY): Johnson County Missouri

FATHER

13. NAME: Nathan Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): unknown

MOTHER

15. MAIDEN NAME: Susan Cloyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): unknown

17. INFORMANT (ADDRESS): Mrs. W. S. Thomas, Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Appleton City, Mo. DATE: Mar. 6, 1938

19. UNDERTAKER (ADDRESS): Huston-Turner, Windsor, Missouri

20. FILED: Mar. 7, 1938 Mrs. Amy K. Rhodes, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1938, to March 4, 1938, that I last saw her alive on March 4, 1938. Death is said to have occurred on the date stated above, at 3:00 p. m.

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

	Date of onset
Lobar Pneumonia	2-27

Other contributory causes of importance:

Influenza	Feb 23

Name of operation: ..... Date of: .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify .....

(Signed) T. F. Huston M. D.

(Address) Windsor 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-3-28-38