

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

Do not use this space.

38159

DEC 14 1933

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township KAW Primary Registration District No. 1002
 City Kansas City (No. 451 Skiles Av.) St. _____ Ward _____

2. FULL NAME Elmer Estes
 (a) Residence, No. 451 Skiles Ave. 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 Gertrude Dimon Estes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	65	4	19	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W P

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Frank Estes

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

15. MAIDEN NAME Catherine Wolf

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

17. INFORMANT Mrs. Elmer Estes (ADDRESS) 451 Skiles

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence, Mo. DATE 11-12-33

19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6606 Indep. Ave., K. C. Mo.

20. FILED Nov. 11, 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-38 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938

I last saw _____ on _____, 1938. Death is said to have occurred on the date stated above, at 4:30 P.M.
 This principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Old coronary occlusion
Chronic myocardial infarction
Pulmonary congestion

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1938
 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) W. H. Smith, M. D.
 (Address) Law Office, K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

