

REC'D MAR 9 1939

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

5862
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township _____ Primary Registration District No. 3006 Registered No. 26
(c) City Columbia (d) Street No. 1507 East Broadway 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 232 BERKELEY ESTES

(a) Residence, No. 1507 East Broadway 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 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 Illa May Estes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Lumber dealer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Boone County 0
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME William B Estes 0
14. BIRTHPLACE (CITY OR TOWN) Missouri 0
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Slimicidie 0
16. BIRTHPLACE (CITY OR TOWN) Missouri 0
(STATE OR COUNTRY)

17. INFORMANT Mrs Berkeley Estes
(ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia DATE Feb. 5 1939

19. FUNERAL DIRECTOR Parkers
(ADDRESS) Columbia Mo

20. FILED 2/9/39 Allie Selby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1938 to Feb. 3 1939
I last saw him alive on Feb. 2 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 2-1-39
g. 2. M
Other contributory causes of importance: High B.P. Arteriosclerosis Do not know

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. D. Dyson M. D.
74 (Address) Columbia 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.

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STATEMENT BY LICENSED EMBALMER

I, Tom McHarg Jr., Licensed Embalmer No. 4067

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Tom McHarg Jr.
Licensed Embalmer No. 4067

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)