

FILLED OCT 27 1941

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

Do not use this space.

34178 3

1. PLACE OF DEATH

County Atchison Co Registration District No. 19
Township Benton Primary Registration District No. 5123
City (No.) St. (No.) Ward (No.)

File No. 0
Registered No. 0

2. FULL NAME Roland E. Estus

(a) Residence, No. Rock Port mo. St. (No.) Ward. (No.)
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1918

7. AGE YEARS 23 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Mansfield mo.
13. NAME Homer Estus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield mo.
15. MAIDEN NAME Nannie Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Homer Estus
(ADDRESS) Nichols mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Port mo. DATE Sept 30 1941
19. UNDERTAKER (ADDRESS) J. B. Bertson Rock Port mo.

20. FILED Sept 30 1941 Mary H. Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1941
22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1941 to Sept 30 1941
I last saw him alive on Sept 30 1941 Death is said to have occurred on the date stated above, at 2:45 m.
The principal cause of death and related causes of importance were as follows:

Streptococcus meningitidis Date of onset 9-28
Other contributory causes of importance: g/a

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 _____, 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? Yes
If so, specify _____
(Signed) F. H. Fields M. D.
(Address) Rock Port, 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.

