

FILED NOV 30 1945
Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
602 South Main 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 602 South Main 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country no

3. (a) PRINT FULL NAME Oscar Esterbrook

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan (Month) 4 (Day) (Year)

8. AGE: Years Months Days If less than one day

77 9 6 < hr. < min.

9. Birthplace Louisiana MO. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Lisha Esterbrook

13. Birthplace Vt. 14 Vermont
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Coulter

15. Birthplace Vt. 14 Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Esterbrook

(b) Address Louisiana, MO.

17. (a) Burial (b) Date thereof 10/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana MO.

18. (a) Signature of funeral director Barney Steme

(b) Address Louisiana, MO.

19. (a) 10/14/45 (b) Margaret E. Stephens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1945 hour 6:45 minute AM

21. I hereby certify that I attended the deceased from 1940
19 _____ to 1945 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Of autopsy: none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at home (Specify type of place) (e) Means of injury no

23. Signature [Signature] (M. D. or other)

Address Louisiana, MO. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

