PR 24 1929

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

Do not use this space.

9814

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 124 — File No.

Township White Water — Primary Registration District No. 5183 — Registered No. 19

City Near Millersville (No. ..... St. ..... Ward)

2. FULL NAME Robert Morris Estes

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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 Julia Statler Estes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1865

7. AGE: 63 YEARS — MONTHS: 6 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED 95B

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Cape Gir Co Mo
(STATE OR COUNTRY) White Water Township

PARENTS

10. NAME OF FATHER Verzillis Estes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cape Girardeau Co. Mo

12. MAIDEN NAME OF MOTHER Pollie Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cape Girardeau Co. Mo

14. INFORMANT Mrs Robert Estes
(Address) Millersville Mo

15. FILED 3-14, 1929 D. G. Seiber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 14 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Mar 14, 1929 that I last saw him alive on Mar 10, 1929, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Asthma

90B about (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

O DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) D. T. L. Schlegel, M. D

3-16, 1929 (Address) Jackson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Estes Cemetery — DATE OF BURIAL: Mar 16 1929

20. UNDERTAKER: McCombs Furn & Und Co. — ADDRESS: Jackson 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.