

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

Do not use this space.

27206

1. PLACE OF DEATH

78. County Missouri Registration District No. 114
Township Butler Primary Registration District No. 3867
City Pataskalia (No.) St. Ward (....)

2. FULL NAME

Regina Ester
(a) Residence, No. 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Ester
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 58
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) Missouri
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MI
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MI
17. INFORMANT Robert Wallace
(ADDRESS) Pataskalia, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Pataskalia DATE 9-1-33
19. UNDERTAKER Wm. B. ...
(ADDRESS) Pataskalia, Mo
20. FILED 9/10 19 33 Registrar McCom

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31-33
22. I HEREBY CERTIFY, That I attended deceased from 8:27, 1933, to 8:30, 1933. I last saw him alive on 8:30, 1933. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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?
If so, specify Yes
(Signed) J. W. ..., M. D.
(Address) Pataskalia, 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.

OCT 20 1933

