

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

Do not use this space.

**20805**

**1. PLACE OF DEATH**

County Ray Registration District No. 744  
 Township Richmond Primary Registration District No. 3035  
 City Richmond (No. ....) St. .... (Ward)

File No. ....  
 Registered No. 48

**2. FULL NAME** Minnie Estes

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lige Estes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 11 1857</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>2</u>	DAYS <u>29</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife 9</u> (b) General nature of industry, business, or establishment in which employed (or employer) ..... (c) Name of employer .....		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1933

17. HEREBY CERTIFY, That I attended deceased from June 6 1933 to June 6 1933 that I last saw h. u. alive on June 6 1933, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of uterus  
48 48  
 (duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) .....  
 (duration) .... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Ray Mo  
 (STATE OR COUNTRY) Mo.

**PARENTS**

10. NAME OF FATHER William Hamilton

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

12. MAIDEN NAME OF MOTHER Elvira Seary

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

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Microscopic  
 (Signed) L. A. Green, M. D.  
 . 19 (Address) Richmond 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.

14. INFORMANT Mr. Lige Estes  
 (Address) Richmond Mo

15. FILED 6-12-33 E. E. Day  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Mo DATE OF BURIAL 6/11/33

20. UNDERTAKER E. M. Joiner ADDRESS Richmond 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.

JUL 28 1933

