

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

Do not use this space.

**23768**

1. PLACE OF DEATH  
 64 County Marion Registration District No. 547  
 Township \_\_\_\_\_ Primary Registration District No. 3079  
 City Hannibal (No. 802, R. Street) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mary Etta Ester  
 (a) Residence, No. 802 R. Street 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.

File No. \_\_\_\_\_  
 Registered No. 208  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Fred C. Ester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 19, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
 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) St. Clair Co., Illinois

13. NAME Hiram J. Clouse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Ohio

15. MAIDEN NAME No data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data no data

17. INFORMANT Fred C. Ester (Husband)  
 (ADDRESS) 802 R. St. Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Revere side DATE July 10, 1933

19. UNDERTAKER Wm M. Smith  
 (ADDRESS) 902 Brady, Hannibal, Mo

20. FILED July 8, 1933 R. K. Kowalski  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-30-29, 1929, to 7-5, 1933

I last saw h. \_\_\_\_\_ alive on 1-2, 1933. Death is said to have occurred on the date stated above, at 100 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinomatous  
50 50  
10-30-29  
 Other contributory causes of importance:  
Carcinoma breast

Name of operation Mastectomy Date of 10-30-29  
 What test confirmed diagnosis? Lab Was there an autopsy? ?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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? no  
 If so, specify \_\_\_\_\_

(Signed) J. H. Harty, M. D.  
 (Address) Hannibal, 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.

1933

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