

## 1. PLACE OF DEATH

County Genesee

Township \_\_\_\_\_

Village \_\_\_\_\_

City Flint

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME Wm. H. Estes

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 300 E. First

(Usual place of abode.)

St. 2Length of residence in city or town where death occurred yrs. Life mos. \_\_\_\_\_

ds. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Single, Married, Widowed or Divorced Married  
(WRITE the word.)If married, widowed, or divorced HUSBAND of Sarah Adams  
(or) WIFE of \_\_\_\_\_DATE OF BIRTH (Month, day and year.) Febry 25 1856AGE Years 64 Months 8 Days 7 If LESS than 1 day. hrs. \_\_\_\_\_ min. \_\_\_\_\_

## OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Traveling Slsm.

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

(c) Name of employer John Deer Plow Co.BIRTHPLACE (city or town) Gen. Co. Michigan  
(State or country)10 NAME OF FATHER David Estes11 BIRTHPLACE OF FATHER (city or town) New York  
(State or country)12 MAIDEN NAME OF MOTHER Eliza Somers13 BIRTHPLACE OF MOTHER (city or town) New York  
(state or country)Informant Mrs Sarah Estes(Address) Flint MichiganFiled 11-9 1920 Wm. Dr. Kleiser

Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

1683

## CERTIFICATE OF DEATH

Registered No. 1162

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) November 2 192017 I HEREBY CERTIFY, That I attended deceased from 10-6, 1920, to 11-2, 1920 that I last saw him alive on 11-2, 1920 and that death occurred on the date stated above at 11-9 a.m.

The CAUSE OF DEATH\* was as follows:

Myocardial infarction  
Compensated by  
pleurisy with effusion  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.CONTRIBUTORY (Secondary) Lead poisoning  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 Where was disease contracted? Gen. Co. Mich.  
If not at place of death? \_\_\_\_\_  
Did an operation precede death? Yes Date of 10-9-20Was there an autopsy? YesWhat test confirmed diagnosis? Phys. exam(Signed) Wm. Dr. Kleiser M. D.11-3 1920 Address Flint, Mich.

\*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. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Avondale Flint Michigan 11/4"20

20. UNDERTAKER

Jennings-McKinney Co. Flint Mich