

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

Do not use this space.

23780  
2906

**1. PLACE OF DEATH**

County... **Jackson** .....  
Township... **Kaw** .....  
City... **Kansas City** (No. **3**)

Registration District No. **3** .....  
Primary Registration District No. **0** .....  
**36th & Broadway** St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** **Harry F. Castle** .....

(a) Residence, No. **Embassador Hotel** St., **7** Ward. (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. (If nonresident give city or town and State)

**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

**Kathleen Castle**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 1st 1893**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**35 5 5**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Theatre Business**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Owner of Picture Show**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) **New York State**

10. NAME OF FATHER **R.W. Castle**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) **New York City**

12. MAIDEN NAME OF MOTHER **Nettie F. Fenton**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) **Cleveland Ohio**

14. INFORMANT **R.W. Castle** (Address) **Tulsa, Okla.**

15. FILED **7/6 28 M. M. Crowe** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 6 1928**

17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

**169**  
**172**  
**179**  
**Jumped from 3d fl.**

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

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

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy & Pathology**  
(Signed) **W. H. Partridge, M. D.**  
**7/6 1928** (Address) **Deputy Coroner**

\*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 DATE OF BURIAL

**Tulsa, Okla** **7/6/28 19**

20. UNDERTAKER **R. V. Lindsey & Sons** ADDRESS **K.C. 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.

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