

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.

MAY 28 1932

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

Do not use this space.

11724

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. (No. Missouri Methodist Hos) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 294

**2. FULL NAME** Eunice Grace Castle

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Stewartsville, Mo.  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Student  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
14 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Stewartsville (STATE OR COUNTRY) Missouri

13. NAME Elmer Castle

14. BIRTHPLACE (CITY OR TOWN) Andrew County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Anna Bauer

16. BIRTHPLACE (CITY OR TOWN) De Kalb County (STATE OR COUNTRY) Missouri

17. INFORMANT Elmer Castle (ADDRESS) Stewartsville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartsville, Mo. DATE April 24, 1932

19. UNDERTAKER Flanagan Funeral Home (ADDRESS) St. Joseph, Missouri

20. FILED 4-23-32 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1932 to Apr 22, 1932  
 I last saw her alive on Apr 22, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Miscellaneous thrombus  
Empyema  
lobar pneumonia left  
lobar pneumonia  
 Other contributory causes of importance: Empyema  
lobar pneumonia  
lobar pneumonia

Name of operation Drainage pleural cavity 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. S. Connel, M. D.  
 (Address) St. Joseph, Mo.

