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.

OCT 26 1932

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

Do not use this space.

32784

1. PLACE OF DEATH
County Lawrence
Township Hoberg
City ~~Mt Vernon RFD~~ (No. ..... St. ..... Ward)

Registration District No. 961
Primary Registration District No. 5633

File No. .....
Registered No. .....

2. FULL NAME Mrs Fannie Castellen

(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 32 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)~~ ~~William Castellen~~

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William Castellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17th 1865

7. AGE YEARS 67 MONTHS 0 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X 23
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) Wright Co. Mo.

FATHER
13. NAME John Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Eliza Gilbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) William Castellen Mt Vernon Mo. RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Williams DATE 10/3 1932

19. UNDERTAKER (ADDRESS) Orr & Co

20. FILED ....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1932, to Oct 1, 1932
I last saw her alive on Sept 25, 1932. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Artero Sclerosis — Date of onset 1925

97 97 (1)

Other contributory causes of importance:

Name of operation ..... 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? .....
If so, specify .....
(Signed) W. J. Fulton, M. D.
(Address) Mt Vernon Mo.