

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 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON
Township KANSAS
City KANSAS CITY (No. General Hospital)

Registration District No. 399
Primary Registration District No. 1004

13429

File No. _____
Registered No. 1409
St. _____ Ward _____

2. FULL NAME ELEANOR CASTEEL

(a) Residence, No. 3014 SEARD 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 2 - 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 2 0 29

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None
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) PRINCETON MO (STATE OR COUNTRY)

MOTHER FATHER 13. NAME ROBERT CASTEEL

14. BIRTHPLACE (CITY OR TOWN) O.H.O. (STATE OR COUNTRY)

15. MAIDEN NAME STELLA BOYD

16. BIRTHPLACE (CITY OR TOWN) PRINCETON MO. (STATE OR COUNTRY)

17. INFORMANT Mother Stella Castell (ADDRESS) 3014 Seard Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton Mo DATE Apr. 3 1938

19. UNDERTAKER Suddarth - Miller (ADDRESS) 6900 Broadway, K.C. Mo.

20. FILED Apr 7 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1 1938

22. I HEREBY CERTIFY, That I attended deceased from

19____, to 19____

I last saw him alive on Apr 1 19____ Death is said

to have occurred at Princeton Mo as stated above, at _____ m.

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

Date of onset

Diabetes mellitus with acidosis 59

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. H. ... M. D.

(Address) 381 ...

