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

Do not use this space.

29642

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

File No.
Registered No. 1101

2. FULL NAME Marnie Castle
(a) Residence. No. St., Ward. Kansas City, 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. 23 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 27, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
33	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Kansas

PARENTS
10. NAME OF FATHER E.S.Castle Jr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Missouri Breckenridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Miss Harriet E.Castle
(Address) Kansas City, Mo.

15. FILED 2, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 31, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1927, to Oct 30, 1927 that I last saw her alive on 30 Oct, 1927, and that death occurred, on the date stated above, at 12.35 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Peritonitis
121B
129 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Alfendrectis
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Kansas City Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF Oct 10-27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
Oct 31 (Signed) W. F. Schmid, M. D
1927 (Address) St Joseph Mo

*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: Troy, Kansas
DATE OF BURIAL: Nov, 2, 19 27

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.

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.