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.

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

Do not use this space.

32999

1. PLACE OF DEATH

County of Clay ~~198~~ Registration District No. 198

Township ~~Fishing River~~ Primary Registration District No. 3011

City Excelsior Springs, Mo. (No. ..... St. ..... Ward)

File No. .....

Registered No. 134

2. FULL NAME Asisto Kastillo

(a) Residence. No. U.S.V. Hospital #99, Excelsior Springs, Mo. 403 Ward Park, Kansas City, Missouri

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 274 ds. How long in U.S., if of foreign birth? 11 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Divorced

5A. IF ~~MARRIED, WIDOWED~~ OR DIVORCED ~~HUSBAND OR~~ (OR) ~~WIFE~~: Helen Kostello

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	31	6	~~2~~ 3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House boy

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: Mrs. Blaudie Holmes,

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philippine Islands

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Nothing known about parents

14. INFORMANT (Address): deceased. — Hospital record

15. FILED 11/22 1927 Y. D. Crauan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1927, to Nov. 21, 1927, that I last saw him alive on Nov. 21, 1927, and that death occurred, on the date stated above, at 10:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Miliary Tuberculosis

25 27A 37A 32A

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Tubercular Osteitis and Tubercular Peritonitis

(duration) latter 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: Had history of Arrested T.B. about 5 years ago.

IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings.

(Signed) A. R. Warner, M. D.

, 19 (Address) A.R. Warner, Ward Surgeon Ward Surgeon

*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: Crown Hill

DATE OF BURIAL: Nov 26 1927

20. UNDERTAKER: Herbert Hope, Excelsior Springs, Mo.

ADDRESS