DEC 26 1928

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

Do not use this space.

36140

85

1. PLACE OF DEATH

County [illegible] Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 1323

City St Joseph (No. Mo. Meth. Hosp St. Ward)

2. FULL NAME Etta M. Castle

(a) Residence. No. R.R. #2 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. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Joseph B. Castle~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16-1865

7. AGE Years 63 Months 7 Days 6 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Samuel E Zimerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Un Known
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Un Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Un Known
(STATE OR COUNTRY) Ohio

14. INFORMANT James Sears
(Address) Savannah Mo

15. FILED NOV 23 1928 19 John G. [illegible] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1928 to Nov. 22 1928 that I last saw her alive on Nov. 21 1928 and that death occurred, on the date stated above, at 12:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis — streptococcic

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Otitis media (chr-purulent) (duration) 48 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? At her home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Lumbar puncture & lab. exam.

(Signed) G. T. Bloomer, M.D

11/22, 1928 (Address) 1218 N. 3d

*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 Fair View

DATE OF BURIAL Nov 23 1928

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union

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.