

24 1929

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

Do not use this space.

27135

## 1. PLACE OF DEATH

County CallawayRegistration District No. 104Township FultonPrimary Registration District No. 3008City Fulton

(No. ....)

File No. ....

Registered No. 175

St. ....

Ward)

## 2. FULL NAME

Ellen Castle

(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 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)

Widowed

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

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

2/4 1850

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

79615

## 8. OCCUPATION OF DECEASED

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

Retired

(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)

England10. NAME OF FATHER Reese Reese

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England12. MAIDEN NAME OF MOTHER Dont Know

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dont know14. Mrs. Francis Board

INFORMANT

(Address)

Fulton Mo.15. Aug 20 1929 R. N. Crews

REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/19 1929

17.

HEREBY CERTIFY, That I attended deceased from Aug 9, 1929, to Aug 19, 1929, that I last saw h. alive on Aug 19, 1929, and that death occurred, on the date stated above, at 6:30 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Zephotatic Pneumonia186819481118

(duration) yrs. mos. 3 ds.  
CONTRIBUTORY (SECONDARY) Broken Hip

(duration) yrs. mos. 10 ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) [Signature], M. D., 19 [Signature] (Address)

\*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

Hillcrest Cemetery

## DATE OF BURIAL

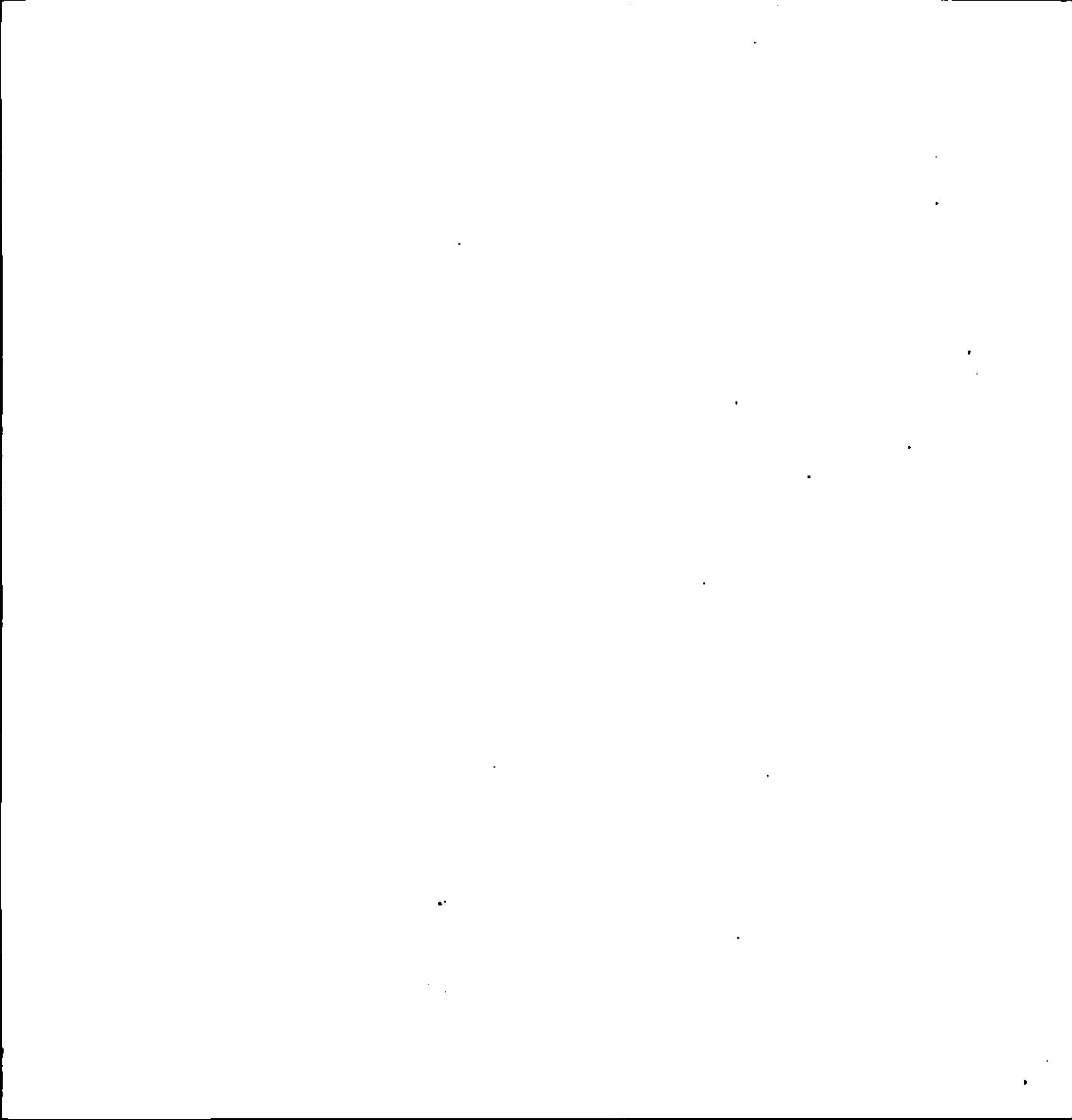
8/21 29

## 20. UNDERTAKER

Herndon Taylor

## ADDRESS

Fulton Mo.





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