OCT 29 1930

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

Do not use this space.

30258

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Jasper — Registration District No. 411

Township Boston — Primary Registration District No. 2002

City Joplin (No. ..... St. ..... Ward).

2. FULL NAME Elsie Caston

(a) Residence. No. Joplin R 3 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: F.

4. COLOR OR RACE: W.

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 22-1892

7. AGE: Years 38 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: N. W.

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

(c) Name of employer: Self.

9. BIRTHPLACE (CITY OR TOWN): Irwin
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Peter Feurt

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

12. MAIDEN NAME OF MOTHER: Flora Burke

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

14. INFORMANT: Ben Caston (Husband)
(Address) Joplin R.R. 3.

15. FILED 9/15, 1930 A Benson Clark
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 13 1930.

17. I HEREBY CERTIFY, That I attended deceased from Feb-, 1930, to Sept 13, 1930, that I last saw her alive on Aug 18, 1930, and that death occurred, on the date stated above, at 3:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus Tubes and Ovary and Adnexia (Mass.)
48
47 R
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General Examination

(Signed) H A Browne, M. D

Sept. 14, 1930 (Address) Galena Kans.

*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: Sheldon Mo — DATE OF BURIAL: Sept 14 1930

20. UNDERTAKER: G. B Beery — ADDRESS: Sheldon Mo

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.