MAR 24 1931

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

Do not use this space. Dr Low

File No. 5179

Registered No. 107

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield — No. — St John Hosp — Ward)

2. FULL NAME Annie C Castleberry

(a) Residence, No. Salem Ark St., Ward. (If nonresident, give city or town and State)

(Usual place of abode)

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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF (OR)~~ WIFE OF Jim M. Castleberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 12 1866

7. AGE YEARS 64 MONTHS 10 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home. 235

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

FATHER

13. NAME Bruce Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME Caroline Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) Mrs Myra Thompson Salem Ark

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salem Ark DATE Feb 9 1931

19. UNDERTAKER (ADDRESS) H. H. Lohmeyer

20. FILED 2-8, 1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Feb 7, 1931

I last saw her alive on Feb 7 30, 1931. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Cancer abdominal

Type & location of primary lesions undetermined

53E

Date of onset

Other contributory causes of importance

Ascites 4 6C

Name of operation None Date of

What test confirmed diagnosis? Clinical & Physical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) H A Powe, M. D.

(Address) Springfield Mo

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.

THIS IS A PERMANENT RECORD

108