

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.

41718

1. PLACE OF DEATH

County MadawayRegistration District No. 625

Township

Primary Registration District No. 3031City Maryville

(No.)

St.

Ward)

2. FULL NAME Melinda Ann Castillo

(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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1863

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

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

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

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) Madaway Co. Mo13. NAME Isaac Castillo14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key West, Fla.15. MAIDEN NAME Mary Beavers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De. used17. INFORMANT Etta Castillo Maryville Mo

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Missouri Cemetery DATE 12-20 193119. UNDERTAKER Prior Funeral Co(ADDRESS) Maryville Mo20. FILED 12-21 1931 Marguerite Clardy

Registrar

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19, 193122. I HEREBY CERTIFY, that I attended deceased from Dec 5 31, to Dec 18 31, 1931I last saw him alive on December 18, 1931. Death is saidto have occurred on the date stated above, at 5 a m.

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

Myocarditis with Cardiac Dilatation

Date of onset

932
95B

Other contributory causes of importance:

Name of operation None Date of ✓What test confirmed diagnosis? Clinical 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 ✓, 1931Where 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? NoIf so, specify ✓(Signed) Chas. E. Bell

M. D.

(Address) Maryville, Mo.

