

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

Do not use this space.

34634

1. PLACE OF DEATH

2. County Andrew Registration District No. 13
Township Jefferson Primary Registration District No. 5017
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 49

2. FULL NAME Lewis S. 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 male 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 Klara Effie Castle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Andrew County, Mo

13. NAME Eligah S Castle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un. known, Kentucky

15. MAIDEN NAME Harriett Blumberger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un. known Ohio

17. INFORMANT Frank S. Castle (ADDRESS) St Joseph Mo R. 2, 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE Nov 7, 1932

19. UNDERTAKER E. J. Breit (ADDRESS) Savannah Mo

20. FILED Nov 6, 1932 St Joseph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932 to Nov 5, 1932
I last saw him alive on Nov 4, 1932. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

Cor apoplexy
H2A
87 W
Other contributory causes of importance:
No fact

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Walter P. Myers, M. D.
(Address) Savannah 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.

JAN 7 1932

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