

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.

MAY 22 1933

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

Do not use this space.

12555

1. PLACE OF DEATH

14 County Callaway Registration District No. 104  
Township ..... Primary Registration District No. 3008  
2 City Fulton (No. .... St. .... Ward) 88

2. FULL NAME

Elizabeth Reese 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 | 6 | 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) England

13. NAME W K

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W K

15. MAIDEN NAME Ester Drew

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs Helene Minto  
(ADDRESS) Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Different Country DATE April 26 1933

19. UNDERTAKER Dep of Callaway  
(ADDRESS) Fulton Mo

20. FILED Apr 26 1933 R. N. Crews  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11 1933 to April 24 1933

I last saw h. Er alive on April 24 1933 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:  
Hypostatic Pneumonia Date of onset 4/23

Other contributory causes of importance:  
Hypertension  
Paralysis of Throat Apr 11

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? .....  
If so, specify .....  
(Signed) A. H. DeRigueson, M. D.  
(Address) Fulton Mo

