

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

Do not use this space.

17106

1. PLACE OF DEATH

60 County McDonald
Township Elkhorn
City Stella, Mo.

Registration District No. 1167
Primary Registration District No. 2698

File No.
Registered No. 10
St. Ward)

2. FULL NAME

Jadenska Casteel
(a) Residence, No. LADIESKA St., Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 - 1872
7. AGE YEARS 60 MONTHS 6 DAYS 28 If LESS than 1 day, hrs. or min.
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.
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) Mo
13. NAME Gas Dougherty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Brock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Geo Casteel (ADDRESS) Stella Mo R 2
18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy Cemetery DATE 5/19 1933
19. UNDERTAKER Chester White (ADDRESS) Stella Mo
20. FILED June 1 1933 E. Edmondson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1933, to Mar 8, 1933
I last saw her alive on Mar 8, 1933. Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

Paralysis of eye
53E
Only seen patient the one time
Other contributory causes of importance:
53E

Name of operation 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?
If so, specify J. K. Edmondson, M. D.
(Signed) Stella, Mo.
(Address)

Date of onset
March 1933

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.

APR 23 1933

53E

60

