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.

NOV 10 1933

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

Do not use this space.

32251

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1033

City St. Joseph, (No. 1719 Savannah Avenue, St. Ward)

2. FULL NAME John William Castle,

(a) Residence, No. 1719 Savannah Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 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): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 3rd. 1854

7. AGE: YEARS 79 — MONTHS 0 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Importer
10. Date deceased last worked at this occupation (month and year): October 1931
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

FATHER

13. NAME: William Castle,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

MOTHER

15. MAIDEN NAME: Elizabeth Ann Bennett,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Mrs John W. Castle 1719 Savannah Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Oct. 12th 1933

19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED 10-12- 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 11, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Oct 11, 1933, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:50 a m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: no facts

Name of operation: none — Date of .....

What test confirmed diagnosis? Clin Hist — Was there an autopsy? no

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

Accident, suicide, or homicide? no — Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury: none

Nature of injury .....

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

If so, specify .....

(Signed) Forrest Thomas Coroner M. D.

(Address) 8011/2 Felix