

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

Do not use this space.

MAR 20 1935

**1. PLACE OF DEATH**

County Buchanan  
Township  
City St. Joseph, Mo.

Registration District No. 85  
Primary Registration District No. 1001  
St. St. Joseph's Hosptl.

File No. 4443  
Registered No. 210  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Belle Dudley Casteel

(a) Residence, No. 1520 Charles St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 B. J. Casteel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1856.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
78 2 0

OCCUPATION  
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) Paris, Ky.

FATHER  
13. NAME James A? Gibbany  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington, Ky.

MOTHER  
15. MAIDEN NAME Mary Rollins  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington, Ky.

17. INFORMANT B. M. Casteel  
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Mora DATE Feb. 19th '35

19. UNDERTAKER Fleeman Mortuary, Inc.  
(ADDRESS) St. Joseph, Mo.

20. FILED 2-28-35 19. 35 John R. Bender  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 19 35 to Feb 17 19 35  
I last saw her alive on Feb 16 19 35 Death is said to have occurred on the date stated above, at 4 P m.

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

myocarditis chr. Date of onset

Other contributory causes of importance:  
arteriosclerosis, scurvy, arteriosclerosis and arteritis with gangrene foot  
Name of operation none Date of operation  
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 \_\_\_\_\_, 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) Frank D., M. D.  
(Address) St. Joseph 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.

WRITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

