

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

Do not use this space.

8214

1. PLACE OF DEATH

County Buchanan,
Township Washington,
City Washington,

Registration District No. 86
Primary Registration District No. 527
(No. Near Air Port, R.F.D.# 6)

File No. 28
Registered No. 28 St. _____ Ward)

2. FULL NAME Mary Jane Casteel,

(a) Residence, No. R.F.D.# 6, St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 45 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 Silas Casteel,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y8, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) March 1935, 11. Total time (years) spent in this occupation 50

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

13. NAME Percifield Casteel

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

15. MAIDEN NAME Jane Hampton,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

17. INFORMANT (ADDRESS) Mrs. Edna Hoff, R.F.D.# 6, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Achland Cem DATE March 18, 1935

19. UNDERTAKER (ADDRESS) Heaton-Bigale-Bourmann, 418 E. 11th St., St. Joseph, Mo.

20. FILED March 18, 1935 J. J. Zumbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from MARCH 12, 1935, to MCH 14, 1935

I last saw h.e.r. alive on MARCH 12, 1935. Death is said to have occurred on the date stated above, at 9:15 p.m.

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

Valvular Heart disease

Date of onset

Other contributory causes of importance:

Cardiac Dropsy

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? NO

If so, specify Att. Kelley, M. D.
(Signed) _____ (Address) St. Joseph Mo.

WHITE PLAINLY, WITH OMPADING THROUGH THIS IS AN EMBLEMATIC ROOM

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.

