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.

OCT 24 1935

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

Do not use this space.

29888

File No.
Registered No.

1. PLACE OF DEATH
County Jasper
Registration District No. 411
Primary Registration District No. 2002
Township
City Joplin (No. 129 N. Maple St. Ward)

2. FULL NAME Dora Anna Castell

(a) Residence, No. 129 N. Maple 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1918

7. AGE — Years 17 Months 6 Days 16 If LESS than 1 day, ...hrs. or ....min.

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) Marceline Mo.

FATHER
13. NAME Cyrus R. Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ethel Welch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mike Castell
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Ozark Memorial Park DATE 9-30-35
PLACE
19. UNDERTAKER Hurlburt Bros Co
(ADDRESS) Joplin Mo.
20. FILED 9-30, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 35

22. I HEREBY CERTIFY, That I attended deceased from Sept-29, 1935, to Sept 28, 1935
I last saw her alive on Sept 28 1935. Death is said to have occurred on the date stated above, at 3-40 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	9-19-35
I/C	

Other contributory causes of importance:

Lobar Pneumonia	9-25-35

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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
(Signed) [illegible], M. D.
(Address) Joplin Mo