

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.

JAN 29 1937

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

Do not use this space.
44466
File No. _____
Registered No. 1054
St. _____ Ward _____

1. PLACE OF DEATH
County Greene Registration District No. 318
Township N. Commercial Primary Registration District No. 5439
City Springfield (No. Rural Route #1)

2. FULL NAME Jeanie Casteel
(a) Residence, No. Rural Route #1, Springfield 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 7 22

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

12. BIRTHPLACE (CITY OR TOWN) Greene County,
(STATE OR COUNTRY) Missouri

13. NAME Loren Casteel

14. BIRTHPLACE (CITY OR TOWN) Polk County,
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Carrie Cannimore

16. BIRTHPLACE (CITY OR TOWN) Arkansas
(STATE OR COUNTRY)

17. INFORMANT Dave Casteel
(ADDRESS) Route #1, Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Comfort Cem DATE Dec. 23, 1936

19. UNDERTAKER H. H. Lohmeyer,
(ADDRESS) Springfield, Missouri

20. FILED Dec 27 1936 Chas. George MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936, to Dec 21, 1936

I last saw him alive on Dec 20, 1936. Death is said to have occurred on the date stated above, at 8:30 A. M.

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

Pertussis

Date of onset _____

Other contributory causes of importance _____

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 _____
(Signed) Thomas D. Horton, M. D.
(Address) 550 Madison Park Bldg, Springfield, Mo.

