

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

Do not use this space.

FEB 17 1937

998

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township 1. and 2. 1000 Primary Registration District No. 5439
 City Springfield (No. 1, Route 2) St. _____ Ward _____

File No. _____
 Registered No. 0050

2. FULL NAME James William Casteel

(a) Residence, No. Route #1 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 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 Mary Casteel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<input checked="" type="checkbox"/>	<u>78</u>	<u>5</u>	<u>18</u>	

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. Farmer
 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) Polk County Missouri

13. NAME David Casteel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hope DATE Jan. 11, 1937

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

20. FILED Jan 11, 1937 Chas. A. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 5th, 1936, to January 8th, 1937

I last saw him alive on December 27th, 1936. Death is said to have occurred on the date stated above, at 5:00a.

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

Bronchopneumonia (primary)

Date of onset

Other contributory causes of importance:

Chronic hypertrophic prostatitis
chronic cystitis

Name of operation none 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?
 If so, specify _____

(Signed) James D. Horton, M. D.
 (Address) Springfield, 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.

