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.

REC'D MAR 14 1938

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

6159
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan. 1
(b) Township 1
Registration District No. 85
Primary Registration District No. 1001
Registered No. 235
(c) City St. Joseph.
(d) Street No. St. Joseph's Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie Caster. 236
(a) Residence, No. 1409 South 5th St. St.
(Usual place of abode, if no street address, write county or city) (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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore F. Caster.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18, 1876.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	61	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb 18, 1938.
11. Total time (years) spent in this occupation 11 Yrs.

12. BIRTHPLACE (CITY OR TOWN) Kuku (STATE OR COUNTRY) Iowa.

FATHER
13. NAME Archie O'Neill. 9
14. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Unknown. 9

MOTHER
15. MAIDEN NAME Unknown. 9
16. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Unknown.

17. INFORMANT Theodore F. Caster. (ADDRESS) 1409 South 5th St.

18. BURIAL, CREMATION, OR REMOVAL I.O.O.F. Cemetery
PLACE St. Joseph Mo. DATE Feb 23, 1938

19. FUNERAL DIRECTOR H. O. Sidenfaden & Son. (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED 2/23, 1938. [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 38 Viewed, 19..., to ..., 19...
I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
Vincent's Angina with Secondary Mediastinitis — Date of onset
115a.

Other contributory causes of importance: none

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsie Was there an autopsy? yes

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) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Robert P Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

✓ L. E. ←

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)