

REC'D MAR 25 1938

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

Do not use this space.

110

1. PLACE OF DEATH

County Washington
Township Richwood
City _____ (No. _____)

Registration District No. 889
Primary Registration District No. 6195-

File No. 8440
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Castles Earl Litchel 364

(a) Residence, No. _____ 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 13-1937</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>4</u>	<u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	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.	_____
	10. Date deceased last worked at this occupation (month and year)	_____
	11. Total time (years) spent in this occupation	_____

12. BIRTHPLACE (CITY OR TOWN) Richwood
(STATE OR COUNTRY) _____

MOTHER
13. NAME Joseph E Litchel

14. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Co Mo

MOTHER
15. MAIDEN NAME Lula Smith

16. BIRTHPLACE (CITY OR TOWN) Franklin
(STATE OR COUNTRY) Co Mo

17. INFORMANT Joseph E Litchel
(ADDRESS) _____

18. BURIAL, CREMATION
PLACE Dayton DATE Jan 22 1938

19. UNDERTAKER Dayton
(ADDRESS) Richwood Mo

20. FILED Jan 24 1938
O W Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Richwood Mo. to Dayton 1938

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

measles
subcut death
Date of onset _____
Other contributory causes of importance: unknown

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) O W Parker, M. D.
(Address) _____

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.

WHITE PLAINING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

