

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

**39125**  
 Do not use this space.

REC'D DEC 19 1938

**1. PLACE OF DEATH**

(a) County Gentry ..... 2 Registration District No. 309  
 (b) Township ..... 1 Primary Registration District No. 4185 Registered No. 60  
 (c) City Albany ..... (d) Street No. .... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Bessie Deborah Caster

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7, 1878  
 7. AGE YEARS 60 MONTHS 10 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Missouri

FATHER 13. NAME William B. Caster  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holm County Ohio

MOTHER 15. MAIDEN NAME Jennie Eliz. Jones  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri

17. INFORMANT (ADDRESS) Mrs. A. P. Osborn Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Nov. 20 1938

19. FUNERAL DIRECTOR (ADDRESS) Brooks Funeral Home Albany, Missouri

20. FILED Nov. 18, 1938 W. T. Martin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to Nov. 17, 1938  
 I last saw her alive on Nov. 17, 1938 Death is said to have occurred on the date stated above, at 5 A. m.

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

Cerebral Thrombosis Date of onset 11-11-38  
Arterial Hypertension 14 years  
87 B'

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? No  
 If so, specify (Signed) Frank H. Rose, M. D.  
Albany, 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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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