

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

Do not use this space.

REC'D SEP 19 1939

1. PLACE OF DEATH

County Carter Registration District No. 144  
Township Jackson Primary Registration District No. 5207  
City Edinore (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 28825  
Registered No. \_\_\_\_\_

2. FULL NAME MARY ANN CASTEEL

(a) Residence, No. Edinore, Mo. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF ABRAHAM MARSHALL CASTEEL  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1863  
7. AGE YEARS 75 MONTHS 10 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home  
10. Date deceased last worked at this occupation (month and year) May 1934 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo.

MOTHER 13. NAME Rasmus Flemings

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

15. MAIDEN NAME Jane Hopper

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

17. INFORMANT Bertha M. Young  
(ADDRESS) 3179 N. 13th St. St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holt DATE Mar 6 1939

19. UNDERTAKER Crow, Leichel  
(ADDRESS) 2nd & Main Mo.

20. FILED Mar 9 1939 Pearl Brooke  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20 1938, to March 4 1939  
I last saw her alive on March 2 1939 Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:  
chr. myocarditis 93C Date of onset 1936  
asthma 112 1934  
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) N. O. Davis M. D.  
136 (Address) Williamsville 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

RECEIVED

District Health Officer No. 5,

District File Number 939218

Date Filed 9/1/89