

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

32657
 Do not use this space.

REC'D OCT 1 1939

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
 (b) Township GALENA Primary Registration District No. 2003
 (c) City Joplin (d) Street No. St. Johns Hospital Registered No. _____
 (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 12 yrs. 6 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Elizabeth Jean Castle
 (a) Residence, No. 230 N. Maple 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) Feb. 28, 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>12</u>	<u>6</u>	<u>21</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STUDENT
 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) Joplin Mo.

FATHER 13. NAME J. H. Castle
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ft. Gibson Okla.

MOTHER 15. MAIDEN NAME MAUDE ORR
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheldon Mo.

17. INFORMANT (ADDRESS) J. H. Castle Joplin Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Mem. DATE 9-20-39
 19. FUNERAL DIRECTOR (ADDRESS) HURBUT UND. CO. 212 Joplin St. Joplin, Mo.
 20. FILED 9-19-39 J. H. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-25-37, 1937, to 9-18-39, 1939.
 I last saw her alive on 9-18-39, 1939. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset Feb 1937
59
 Other contributory causes of importance:
acute interstitial nephritis Sept 39

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab - 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 Waller Howard, M. D.
 (Signed) J. H. James
 (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.

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RECEIVED

District Health Officer No. 6,

District File Number 1039-2056

Date Filed OCT 10 1939

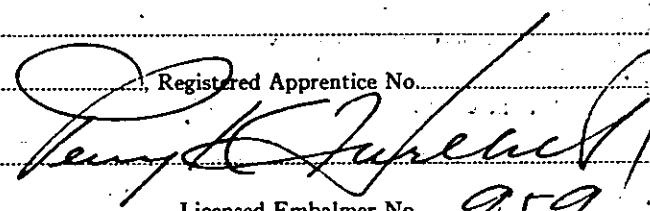
STATEMENT BY LICENSED EMBALMER

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. 959

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.)