

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.

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

Do not use this space.

22083

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

No. 2710 N. 21 St

File No.....

Registered No.....

6255

St. Ward)

2. FULL NAME

(a) Residence No. 1906 Herbert St., 26 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Married

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

John McAuliff

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

June 22 - 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

51

11

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ills.

10. NAME OF FATHER

Patrick Costello

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Margaret Morgan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT
(Address)John McAuliff
1906 Herbert St.

15.

FILED
JUN 12 1924May C Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 10 1928

17.

I HEREBY CERTIFY, That I attended deceased from May 1928, to June 10, 1928.

that I last saw her alive on June 10, 1928, and that death occurred, on the date stated above, at 1 - PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Cholelithiasis

CONTRIBUTORY (SECONDARY)

Myocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?

No

DATE OF.....

WAS THERE AN AUTOPSY?

No

WHICH TEST CONFIRMED DIAGNOSIS.....

(Signed).....

F. Reder, M. D.

, 19

(Address)

Missionary Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary

June 13 1928

20. UNDERTAKER

ADDRESS

Hy Leidner 1417 East Market St.

