SEP 24 1928

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.

26529

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1013
City St. Joseph, (No. 1301 Ashland Avenue, St. Ward)

2. FULL NAME Katherine Norman Costigan,
(a) Residence. No. 1301 Ashland Ave. 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. 21 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 William J. Costigan, about

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, -1844

7. AGE: Years 84, Months 9, Days 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oregon,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER John C. Norman,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Sarah Russell,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Ralph J. Costigan
(Address) 1301 Ashland Avenue,

15. FILED AUG 24 1928 19 John G. Utz, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to Aug 24, 1928 that I last saw her alive on Aug 23, 1928, and that death occurred, on the date stated above, at 3½ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
57
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Schmid, M. D.
Aug 24, 1928 (Address) St. Joseph Mo.

*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: Kansas City Crematory
DATE OF BURIAL: Aug. 26 1928

20. UNDERTAKER: Heaton-BeGole & Bowman
ADDRESS: 319 S. 10 St.
W. J. W. Kaale — Funeral Home

[illegible]