

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

Do not use this space.

41198

PLACE OF DEATH

County Mox
Township Quincy
City Edina Mo. (No. _____)

Registration District No. 441
Primary Registration District No. 4289

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

Patrick McCosgrove

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-17-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 8 16

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

9. BIRTHPLACE (CITY OR TOWN) County, Tarron
(STATE OR COUNTRY) Ireland

10. NAME OF FATHER Frank McCosgrove

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Alice Mc Carara

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Alice Mc Cosgrove
(Address) Edina Mo.

15. FILED 178 1924 Leah Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-3 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-28, 1929, to 12-3, 1929, that I last saw him alive on 12-3, 1929, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic parenchymatous nephritis with high blood pressure.
131 (duration) 21 yrs. 4 mos. ds.

CONTRIBUTORY 100 (SECONDARY) (duration) _____ yrs. _____ mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Fredrick J. Schmitt, M.D.
176, 1929 (Address) Edina, 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 New Catholic Cemetery DATE OF BURIAL 12-6 1929

20. UNDERTAKER L. W. Hudson ADDRESS Edina Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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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