WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 24 1933

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

Do not use this space.

14525

1. PLACE OF DEATH

96 County St Louis — Registration District No. 1178 — File No.

7 Township — Primary Registration District No. 62-18 — Registered No. 77

7 City St Louis (No. , St Mary's Hosp St. Ward)

2. FULL NAME Thomas P. Cosgrove

(a) Residence, No. St., Ward. Sullivan Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26-1886

7. AGE: YEARS 47 — MONTHS — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Int Shoe Co Sullivan Mo

10. Date deceased last worked at this occupation (month and year): Feb. 1-33

11. Total time (years) spent in this occupation: 6 yrs.

1

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

FATHER

13. NAME: Un Known

15 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Un Known

31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

17. INFORMANT (ADDRESS): Mabel Lone Sullivan Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan Mo DATE April 15 1933

19. UNDERTAKER (ADDRESS): Thomas P. Shaffer Sullivan Mo

20. FILED 4/12, 19 Robt. J. Armbruster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1933, to April 12, 1933
I last saw him alive on 4-12-33, 1933. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Ulcerative Stomatitis type not definitely determined but hemolytic streptococci were cultured repeatedly from the exudate of the ulcers.

Date of onset

Other contributory causes of importance:

115B 36

Name of operation none Date of

What test confirmed diagnosis? Lab. Culture 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. He was a shoe factory worker. Infection from occupation is possible.

(Signed) Charles Sherwin, M. D.

(Address) 3720 Washington St Louis Mo.

3-5-P.77

Dr S[illegible]