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

Do not use this space.

28932

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 383
Township — Primary Registration District No. 2001 — Registered No.
City Springfield (No. St. Johns Hosp St. Ward)

2. FULL NAME Michael Costello
(a) Residence, No. RR#1, City 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. ds. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1839

7. AGE 94 YEARS — MONTHS 9 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, 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) Grand Hamlet Island

FATHER
13. NAME Mathew Costello
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Tom Costello Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary's Cem. DATE 8/6 1934

19. UNDERTAKER (ADDRESS) Herman Lohmeyer Springfield Mo.

20. FILED 8/6 1934 John W. Watson Registrar. Ralph W. Langston

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/2 1934, to Aug 4 1934
I last saw him alive on Aug 3 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
186A	
186B	
	1934

Other contributory causes of importance: Fractured Hip 7/30/34

Name of operation none Date of —
What test confirmed diagnosis? — 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? July 30 1934 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At St John Hospital
Manner of injury Fall in Fractured Hip
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. J. Freeman M. D.
(Address) Springfield Mo

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 13 1934