

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

Do not use this space.

23497

1. PLACE OF DEATH

County Callaway Registration District No. 104
 Township Tipton Primary Registration District No. 5008
 City Tipton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 177
 St. _____ Ward _____

2. FULL NAME

Myra Costello
 (a) Residence, No. St James, Mo Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) d.k.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 d.k. d.k.

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

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) d.k. 11. Total time (years) spent in this occupation d.k.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) d.k.
American

MOTHER / FATHER 13. NAME d.k.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) d.k.

15. MAIDEN NAME d.k.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) d.k.

17. INFORMANT (ADDRESS) Records State Hosp #1
Tipton, Mo

18. BURIAL PERMIT OR REMOVAL PLACE Kirkville, Mo, DATE July, 23rd, 1934

19. UNDERTAKER (ADDRESS) Herndon-Taylor Furn-Co,

20. FILED 7/23 1934 R.H. Creed
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to July 22, 1934

I last saw her alive on 7-22-34, 1934 Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death and related causes of importance were as follows:

Sen. Arterio Sclerosis
930
 Other contributory causes of importance:
Chronic Hypertension

Name of operation _____ 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 _____, 1934

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? no

If so, specify _____

(Signed) John B. Baly, M. D.

(Address) State Hospital #1
Tipton, Mo

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.

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