

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.

NOV 21 1938

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

Do not use this space.

34925

1. PLACE OF DEATH

County... Jackson
Township... Kaw
City... Kansas City (No. St Luke's Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4261
St. _____ Ward _____

2. FULL NAME ²³² John H Costigan

(a) Residence, No. 4327 Mercier 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davenport Iowa Fire Dept

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) Davenport, Iowa

13. NAME No record

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

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Elmer H Goos (ADDRESS) 4327 Mercier

18. BURIAL, CREMATION, OR REMOVAL PLACE Davenport, Iowa DATE Oct 31, 1938

19. UNDERTAKER Sheehan Funeral Home (ADDRESS) 4316 Troost Ave,

20. FILED Nov 1, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/26, 1938, to 10/31, 1938

I last saw him alive on 10/31, 1938. Death is said to have occurred on the date stated above, at 11:35 A.m.

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

Carcinoma of sigmoid flexure of colon
(46C)
Date of onset _____

Other contributory causes of importance: Perforation of gut & general peritonitis

Name of operation Colostomy Date of 10/26/38

What test confirmed diagnosis? Operation Was there an autopsy? Yes

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? No

If so, specify Laurence P. Engel, M. D.
(Signed) _____ (Address) Plaza Med. Bldg.

