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.

REC'D JUN 8 1939

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

Do not use this space.

17681

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. St Marys Hospital St. Ward)

File No.
Registered No. 2083

2. FULL NAME 234 Thomas Costello
(a) Residence, No. 2402 Cypress 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18. 1875

7. AGE Years 63 Months 6 Days — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Taylor Dry Goods
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 27 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo

FATHER
13. NAME Thomas Costello
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Catherine Mooney 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Mary Costello 2402 Cypress

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE May 22, 1939

19. UNDERTAKER (ADDRESS) Thomas E Quirk Funeral Home 4316 Troost Ave

20. FILED May 19, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 , 19
I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 9.55 A.M. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Traumatic Shock
Crushing Injury Rt Shoulder

Other contributory causes of importance:

18 [illegible]

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-17-39
Where did injury occur? Kcmo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall down Stair
Nature of injury Crushing Injury Rt Shoulder

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W Hess M. D.
(Address) Kcmo