No. 2
11-10-39
-17-39
I X21 2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18387

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 153

1. PLACE OF DEATH:

(a) County Marion.

(b) City or town Hannibal, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Elizabeth Hospital. ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Perry, Missouri 0
(If outside city or town limits write "RURAL")

(d) Street No. Rural R.F.D. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME James Madison Costigan.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Costigan. 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July, 29, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Bath County, / Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm.

FATHER
12. Name John Costigan
13. Birthplace Unknown / Kentucky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Ella Sorrell
15. Birthplace Unknown. Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bess Clay
(b) Address Perry, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May, 10, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery. Ralls Co. Mo.

18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address Perry, Missouri

19. (a) May 12, 1941 (Date received local registrar) (b) W. C. Fisher 488 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th, day May
year 1941 hour 4:45 minute P.M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__;
that I last saw him alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic adenoma
Thyrotoxicosis

Due to 63 Pr

Due to

Other conditions Chr myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operation Above

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 5/11/41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Clydie Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.