

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.

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

PLACE OF DEATH

County Iron
Township Union
or
Village
or
City

Registration District No.

390

File No.

9571

Primary Registration District No.

5345

Registered No.

14

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Mrs Martha Costile

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE widow
MARRIED
WIDOWED
OR DIVORCED
(If write the word)

DATE OF DEATH

March 25, 1919
(Month) (Day) (Year)

DATE OF BIRTH March 25, 1839
(Month) (Day) (Year)

AGE 80 yrs. 0 mos. 0 ds. If LESS than 1 day, 0 hrs. or 0 min.?

I HEREBY CERTIFY, that I attended deceased from March 25, 1919, to March 25, 1919, that I last saw h alive on March 25, 1919, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

No Physician
only sick few hours
with Influenza
(Duration) 10 yrs. 0 mos. 0 ds.

BIRTHPLACE (City or town, State or foreign country) Iowa

Contributory (SECONDARY) (Duration) 10 yrs. 0 mos. 0 ds.

NAME OF FATHER George Lewis

BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

(Signed) Bell Lotz (daughter) M.D.
Mar 26 1919, (Address) Amospolis

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted if not at place of death?

Former or usual residence.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bell Lotz

(ADDRESS) Amospolis

PLACE OF BURIAL OR REMOVAL Amospolis DATE OF BURIAL Mar 26, 1919

Filed Mar 26, 1919, N.A. Farr

UNDERTAKER Add Reese ADDRESS Amospolis

REGISTRAR