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

Do not use this space.

15225

~~14958~~

File No. .....

Registered No. 4153

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St Louis Primary Registration District No. 1003

City ..... (No. 3917 a Finney St. ..... Ward)

2. FULL NAME Ida K. Motley

(a) Residence. No. 3917 a Finney St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	11	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cooking

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pine Bluff.
(STATE OR COUNTRY) Ark.

PARENTS

10. NAME OF FATHER Rev. Henry H. King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Maria Morgan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT William Lewis
(Address) 3917 a Finney

15. FILED APR 16 1928 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1928

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1928 to April 12, 1928 that I last saw her alive on April 11, 1928, and that death occurred, on the date stated above, at 3:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia 82D

102

75A

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Dr W. S. Baldwin, M. D

Apr. 12, 1928 (Address) 925 N Jefferson Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Washington Park	4/16 1928
20. UNDERTAKER	ADDRESS 4059
Mannel Undt. Co.	Finney

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.

Dr Baldw
Jeffers was