

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

Do not use this space.

39188

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No. 11672
Registered No.
St. Ward)

2. FULL NAME

Martha Jane Maddox
(a) Residence, No. 4330 1/2 Nat. Bridge 10 Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-17-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jas. E. Sanders

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

12. MAIDEN NAME OF MOTHER Elysa Ann Baldwin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT J. J. Maddox
(Address) 4330 1/2 Nat. Bridge

15. FILED Nov 21 1929 W. C. Fisher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/29 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 21 1929 to Nov 29 1929 that I last saw alive on Nov 28 1929 and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
8 2 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Chas P. Norton, M. D.

*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 Gram. Missouri DATE OF BURIAL 11-2-1929

20. UNDERTAKER Robt. J. Amburster ADDRESS 4227 1/2 Euclid

N. B.—Every item of information should be carefully supplied. ACE 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.

