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

Do not use this space.

791

24862

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7021

City St. Louis Mo. (No. Masonic Home St. ..... Ward)

2. FULL NAME Ida Cox

(a) Residence. No. 5351 Delmar St., 12 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	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Thomas A. Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-27-1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	8	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired (Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Millwood (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Patrick Connelly

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

12. MAIDEN NAME OF MOTHER Mary E Gelmore

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

14. INFORMANT Wilmoth Waller (Address) 5351 Delmar

15. FILED JUL 15 1930 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1930

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to July 13, 1930 that I last saw her alive on July 12, 1930, and that death occurred, on the date stated above, at 6:55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

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92 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Valvular Heart disease (duration) yrs. 6 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? Urinalysis & Phys Ex

(Signed) Tolon Lawson, M. D.

July 13, 1930 (Address) Metropolitan Bldg

*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
Silex Mo	July 16 1930
20. UNDERTAKER	ADDRESS
Alexander & Sons	6175 Delmar

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.

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