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

Do not use this space.

File No. 8044
Registered No. 2416

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. City Hosp. St. ..... Ward)

#19895

2. FULL NAME Kathleen Maddox

(a) Residence. No. 509 So. B. Quay St., Ward. 25
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 mos. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5-1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	9	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: nil
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER Wm Maddox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ark
12. MAIDEN NAME OF MOTHER Bessie Buch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Iowa

14. INFORMANT E. Rowan
(Address) City Hosp.

15. FILED FEB 23 1931 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21st 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1931, to Feb. 21st, 1931 that I last saw her alive on Feb. 21st, 1931, and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
Primary
109A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 109A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ①
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Jerome Simon, M. D
2/21, 1931 (Address) City Hosp

*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: St Mathews
DATE OF BURIAL: 2-24 1931

20. UNDERTAKER: McLaughlin
ADDRESS: 1631 Mo Ave

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.