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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 23 1935

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

Do not use this space.

File No. 45372

Registered No. 425

1. PLACE OF DEATH

County St Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Ida Belle Maxey

(a) Residence, No. 6914 South West St., Ward. St. Louis, Mo (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 10 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 31 1909

7. AGE: Years 25 — Months 6 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bundle Wrapper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) June 1929

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eureka Mo

FATHER

13. NAME John Maxey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Ida Sweeney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Koch Hospital Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE 12/20 1934

19. UNDERTAKER (ADDRESS) Grogan Und. Co. Inc. 7146 Manchester Ave.

20. FILED Dec 19 1934 G. Mowry (Dep.) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Dec 18 19..., I last saw her alive on Dec 17 1934. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1925

Other contributory causes of importance:

Pulmonary Hemorrhage	Dec 16 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul O'Murphy, M. D.

(Address) Koch Mo