

JUN 13 1935

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

Do not use this space.
Dr. Truder
17367
File No. *162*
Registered No. *6177*
St. *Jefferson* Ward

1. PLACE OF DEATH

County *St. Louis* Registration District No. *668*
Township *Central* Primary Registration District No. *3032*
City *St. Louis, Mo.* (No. *Boothwell Bldg*)

2. FULL NAME

(a) Residence. No. *207 1/2 1st St.* City *Jefferson City*
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Virginia Maxey*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 29 1884*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
50 9 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Fireman*
(b) General nature of industry, business, or establishment in which employed (or employer) *Mo Pac R.R. Co.*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Butler Appleton Mo.*

10. NAME OF FATHER *Milton C. Maxey*

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

12. MAIDEN NAME OF MOTHER *Eliza C. Schultz*

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

14. INFORMANT (Address) *Mrs. Virginia Maxey 207 1/2 1st St. E. No.*

15. FILED *5-9-35* 1935 *Jean Slack* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 9th 1935*

17. I HEREBY CERTIFY, That I attended deceased from *May 8th* to *May 9th 1935* that I last saw him alive on *May 8th 1935*, and that death occurred, on the date stated above, at *2:30 P.M.*

(THE CAUSE OF DEATH) WAS AS FOLLOWS:
Broken neck involving 3rd-4th & 5th cervical vertebrae following 20 hours' suspension about 12:30 AM May 8, 1935
CONTRIBUTORY SECONDARY *Accidental fall from ladder tank of fire engine on railroad water tower*

18. WHERE WAS DISEASE CONTRACTED *symmetrical cellulitis*
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF OPERATION

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Microscopic + X-ray*
(Signed) *L. A. Truder*, M.D.

(Address) *St. Louis, Mo.*

*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 *fall from water tower*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Edison Bldg.* DATE OF BURIAL *5-12-1935*

20. UNDERTAKER *Therap. J. Gordon* ADDRESS *Jefferson City*

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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