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.

DEC 12 1935

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

Do not use this space.

37923

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Lukes Hospital St. ..... Ward)

File No. .....

Registered No. 9903

2. FULL NAME Maud Medley

(a) Residence, No. ..... St., N R Ward. Piedmont Mo
(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: Female

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: Lyman Medley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 23rd 1875

7. AGE: 235

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	0	2	

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

FATHER

13. NAME: J. H. Raney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

MOTHER

15. MAIDEN NAME: Un Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

17. INFORMANT (ADDRESS): Baker Johnson, 4932 Forest Park

18. BURIAL, CREMATION, OR REMOVAL

PLACE Piedmont Mo DATE Nov. 29th 1935

19. UNDERTAKER (ADDRESS): Albert H. Hoppe, 421 N. Euclid Ave.

20. FILED NOV 26 1935 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 25th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935, to Nov. 25, 1935

I last saw her alive on Nov. 25, 1935. Death is said to have occurred on the date stated above, at 10:- p.m.

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

Chr Bilat Pyelonephritis Non Calculus
Uremia
Toxemia
Secondary Toxic Anemia

Date of onset

Other contributory causes of importance:
Myocarditis Chr
Edema Lungs
Terminal Pneumonia Bronchial

93C

Name of operation: none Date of .....

What test confirmed diagnosis? Cyst & Pal Was there an autopsy? no

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? .....

If so, specify .....

(Signed) J. Jay Stanford, M. D.

(Address) 3720 Washington Ave