25 1928

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

Do not use this space.

26937

1. PLACE OF DEATH
County Franklin
Township Boles
City (No. St. Ward)
Registration District No. 293
Primary Registration District No. 5411
File No.
Registered No. 31

2. FULL NAME Gertie Todd
(a) Residence. No. St., 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) married
5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Todd
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-17-1896
7. AGE Years 31 Months 7 Days 21 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Marion Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER N. West
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER H. Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Will Todd
(Address) Gray Summit
15. FILED Aug. 8, 1928 Helen Thieber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 5 1928
17. I HEREBY CERTIFY That I attended deceased from 8-1-, 1928, to 8-5-, 1928 that I last saw her alive on 8-5-, 1928 and that death occurred, on the date stated above, at VP. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs.
23A 31 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. 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? Clinical
(Signed) W. E. Kitchen M. D
8/6, 1928 (Address) St. Clair

*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 Brush Creek Cemetery
DATE OF BURIAL 8/6 1928
20. UNDERTAKER Cosey & Co
ADDRESS St. Clair

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.