

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

Do not use this space.

42612

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **2007**
 City **St. Louis** (No. **100**)
 Registered No. **11856** St. _____ Ward)

2. FULL NAME

(a) Residence No. **4432 Anderson** St., **10** Ward.
 (Usual place of abode)
 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 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 Margaret Larkin Todd		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 - 1903		
7. AGE	YEARS 25	MONTHS 4
	DAY 1	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Painter (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) Barstoville (STATE OR COUNTRY) Mo		
PARENTS	10. NAME OF FATHER John K Todd	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER Claydi Wheeler	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Claytonville (STATE OR COUNTRY) Mo.	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 4 1928**

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at _____, 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Shock & Injuries
Fracture skull
Collision between
auto & curbing
turning onto road**

18. WHERE WAS DISEASE CONTRACTED **Accident**
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) **John V. Dever, M.D.**
 175 _____, 19____ (Address) **Dorover**

*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.

14. INFORMANT Margaret Todd (Address) 4432 Anderson	19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery	DATE OF BURIAL Dec 7 1928
15. FILED DEC - 6 1928 19____ REGISTRAR W. E. Starnes	20. UNDERTAKER Strook & Quoll	ADDRESS 4600 West Bridge

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.

