

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

Do not use this space.

23682

1. PLACE OF DEATH

County Wright
Township Belton
City Near Eden

Registration District No. 909
Primary Registration District No. 6224

File No.
Registered No. 11
St. Ward)

2. FULL NAME

Nancy M. Todd

(a) Residence No. St. 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Floyd M. Todd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 11 | 27 |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) N. Carolina

10. NAME OF FATHER W M Oliver

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

12. MAIDEN NAME OF MOTHER Unice Calhoun 6-11, 1929 (Address) Hartsville Mo.

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

14. INFORMANT Chas. P. Todd
(Address) Hartsville Mo.

15. FILED 6-11-29 W E F

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-9 1929

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1929, to June 9, 1929 that I last saw h. alive on 19....., and that death occurred, on the date stated above, at 7 - P - m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

embolism of the
lunary

231A (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) E. O. Wampler, M. D.

*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 DATE OF BURIAL

New Groove June 11 1929

20. UNDERTAKER W. A. Staffe ADDRESS Manfield Mo

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.

DEPARTMENT RECORD

PARENTS

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