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JAN 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County: Nodaway — Registration District No. 623 — File No. 41559

Township: ~~Washington~~ — Primary Registration District No. 4374 — Registered No. 11

City: Guilford (No. ..... St. ..... Ward)

2. FULL NAME: Jane Todd

(a) Residence. (Usual place of abode) No. ..... St., ... Ward. ..... (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): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 30, 1844

7. AGE: Years 85 — Months 5 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

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): Indiana

PARENTS

10. NAME OF FATHER: John Beggs

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

12. MAIDEN NAME OF MOTHER: Elizabeth Houston

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

14. INFORMANT: John Todd (Address) Guilford, Mo.

15. FILED Dec 20 1929 J. M. McClanahan REGISTRAR

Jan 4 1930 C. P. Truer M.E.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to Dec 18, 1929, that I last saw her alive on Dec 17, 1929, and that death occurred, on the date stated above, at 9.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchi Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Paralysis

(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) S. A. Pollard, M. D.

, 19 (Address) Bamard 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Guilford, Mo.

DATE OF BURIAL: Dec 21 1929

20. UNDERTAKER: Price Furniture Co.

ADDRESS: Maryville 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.

NOV 28 1949