

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

Do not use this space.

3883

1. PLACE OF DEATH

County Wepster  
Township Kaywood  
City Lloyd Bean Todd (No. 897)

Registration District No. 897  
Primary Registration District No. 6102

File No. Case  
Registered No. Case St. Case Ward

2. FULL NAME

(a) Residence No. Lloyd Bean Todd St. Case Ward Case  
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27-1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none  
(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) MO  
10. NAME OF FATHER Howard Todd  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO  
12. MAIDEN NAME OF MOTHER Edna Sisco  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO

14. INFORMANT Howard Todd (Address) Seymour 1490

15. FILED 1-9 1930 L. All Watson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9 1930

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 945a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

not known, no medical attendant.

20513 (duration) yrs. mos. ds. CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH? DATE OF ..... WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS (Signed) L. All Watson Registrar M.D. 1-9 1930 (Address) Seymour 1490

\*State the DISEASE CAUSING DEATH, with 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 Mt Dale Cemetery DATE OF BURIAL 1-10 1930

20. UNDERTAKER none ADDRESS

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.

