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

Do not use this space.

File No. 8870

Registered No. 299

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1002

City: St Joseph (No. Mo Meth Hosp. St. Ward)

2. FULL NAME: John L. Todd

(a) Residence. No. St., Ward. Albany Mo
(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.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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): May 10, 1872

7. AGE: Years 58 | Months 10 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEASCED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN): Clinton Co.
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Levy Todd

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

12. MAIDEN NAME OF MOTHER: Nancy Vaughn

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

14. INFORMANT: Mrs Florence Price
(Address): Albany Mo

15. FILED 3/28, 1931 John R. Bender, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1931, to Mar. 20, 1931, that I last saw him alive on Mar. 20, 1931, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis general
1218
127 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY): appendicitis (duration) yrs. mos. 2 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?

(Signed) H. S. Samuel, M. D.

3/23, 1931 (Address) St Joseph 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: Albany Mo — DATE OF BURIAL: 3/23 1931

20. UNDERTAKER: T. K. Shockley — ADDRESS: Albany 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.