

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

Do not use this space.

27960

1. PLACE OF DEATH

County Franklin
Township Central
City St. Clair, Mo. (No. _____) (Ward _____)

Registration District No. 294
Primary Registration District No. 4178

File No. _____
Registered No. 37

2. FULL NAME

Mrs Sarah Ellen Todd
(a) Residence No. _____ St. _____ Ward. Morellton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred - yrs. 1 mos. 7 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 Andrew Jackson Todd (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
66 6 14

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

9. BIRTHPLACE (CITY OR TOWN) Stanton, Mo.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Byrd

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

12. MAIDEN NAME OF MOTHER Elizabeth Bandy

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

14. INFORMANT Mina Pickles
(Address) St. Clair, Mo.

15. FILED 8/20 1931 W. E. Kitehell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 to Aug 18, 1931, that I last saw her alive on Aug 18, 1931, and that death occurred, on the date stated above, at 10:06 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Infectious Autointoxication, Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Chronic Nephritis, Chron. Hepatitis
Malnutrition (duration) 2 yrs. _____ mos. _____ 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? Clinical symptoms
(Signed) C. F. Briegleb M. D.

(Address) St. Clair, 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 Morellton Cemetery, Morellton, Mo. DATE OF BURIAL Aug 20 1931

20. UNDERTAKER Wm Casey & Co. ADDRESS St. Clair

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.

SEP 22 1931

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