

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 3 1932

22484-1

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

Do not use this space.

22484-A

1. PLACE OF DEATH
 38 County Gentry Registration District No. 311
 Township Basel Primary Registration District No. 3430
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Dwight 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 0 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co., Mo.

MOTHER
 13. NAME Edward Todd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co., Mo.
 15. MAIDEN NAME Hattie McLeod
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co., Mo.

FATHER
 17. INFORMANT Frank Shaffer
 (ADDRESS) Albany, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Friendship DATE July 10 1932

19. UNDERTAKER A. T. Bane
 (ADDRESS) Albany, Mo.

20. FILED Oct 10 1932 W. C. Bell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-18 1932 to 6-18 1932
 I last saw him alive on 6-18 1932. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset ?
1
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Frank H. Rose, M. D.
 (Address) Albany, Mo.

