

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

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

Do not use this space.

4915

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 3008
City Fulton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 47

2. FULL NAME

George Todd
(a) Residence, No. Boone Co St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|--|-----------|--|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10 - 1865</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>67</u> | <u>4</u> | <u>16</u> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u> | | | |
| | 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) <u>St.</u> 11. Total time (years) spent in this occupation <u>St.</u> | | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 26 - 1933
22. I HEREBY CERTIFY, that I attended deceased from Jan. 2 - 1933 to Feb. 26 - 1933
I last saw him alive on Feb. 26 - 1933 Death is said to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
107A
817
Other contributory causes of importance:
undermining of health from chronic mania and weakness

Date of onset
of mania
at night
preceding
death

| | |
|---|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo.</u> |
| | 13. NAME <u>W.K.</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) |
| | 15. MAIDEN NAME <u>W.K.</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) |
| 17. INFORMANT <u>State Hospital Records</u> (ADDRESS) | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spring Hill Cemetery</u> DATE <u>Feb 28, 1933</u> | |
| 19. UNDERTAKER <u>W. G. Wallace</u> (ADDRESS) <u>Fulton, Mo.</u> | |
| 20. FILED <u>2-28-1933</u> <u>R. N. Creese</u> Registrar | |

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify _____
(Signed) T. R. Frazer, M. D.
(Address) Fulton State Hospital

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.

1933

