

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

Do not use this space.

40085

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Kaw Primary Registration District No. 1002
 City Kansas City Mo. (No. 3006, Howard Ave) St. _____ Ward _____

File No. _____
 Registered No. 4890

FULL NAME Nathan Allen Todd

(a) Residence, No. 3006 Howard Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie M. Todd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17th. 1867.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 0 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 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) Kentucky

13. NAME James Lawson Todd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Laforgee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Addie M. Todd
 (ADDRESS) Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL
Cremation, Elmwood DATE 12-14-33

19. UNDERTAKER The Freeman Mortuary.
 (ADDRESS) Kansas City Mo.

20. FILED Dec 13 1933 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1933, to Dec. 12 1933

I last saw him alive on Dec. 12 1933. Death is said

to have occurred on the date stated above, at 2:45a. M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
Cerebral Hemorrhage
Chronic Interstitial Nephritis
 Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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) James J. Geyser, M. D.
 (Address) 302 Northman Bldg.

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.

JAN 20 1934

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Dr. James J. Flynn - Withman Bldg. W.C. 6677

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