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 23 1934

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

Do not use this space.

40112

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Raw — Primary Registration District No.: 1002 — Registered No.: 4917

City: Kansas City (No.) St. Mary's Hospital St. (Ward)

2. FULL NAME: Mrs. Mary C. Todd

(a) Residence, No. (Usual place of abode): 4427 Cambridge St., Ward. (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George F. Todd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11-1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
48	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Missouri

FATHER

13. NAME: Duncan McCoshum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER

15. MAIDEN NAME: Anna McCloud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT: Mr. George F. Todd
(ADDRESS): 4427 Cambridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: 12-6-33, 19

19. UNDERTAKER: Gates Funeral Home
(ADDRESS): Kansas City, Kansas

20. FILED: Dec. 15, 1933 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933, to Dec 3, 1933

I last saw her alive on Dec 2, 1933. Death is said to have occurred on the date stated above, at 3:15 a m.

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

	Date of onset
Acute ulcerative mitral endocarditis	Nov 26
107A	

Other contributory causes of importance:

Pleurisy, Bronchial Pneumonia	Nov 14

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

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) J. Connell, M. D.

(Address) 4178 Cambridge