

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

Do not use this space.

41755

1. PLACE OF DEATH

County..... Registration District No. **781**
Township..... Primary Registration District No.....
City..... (No..... St..... Ward.....)

File No.....
Registered No. **10791**
St..... Ward.....

2. FULL NAME

Martha S. Todd
(a) Residence, No. **5455 Belmont St. 14** Ward.....
(Usual place of abode) (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. da.

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 *Ben. Todd*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 13, 1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 2

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) *Lexington Ky.*

13. NAME *Charles Schellman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

15. MAIDEN NAME *Alice Felix*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

17. INFORMANT (ADDRESS) *E. D. Dawson 5455 Belmont St. 14*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Columbia Mo.* DATE *12-17-1933*

19. UNDERTAKER (ADDRESS) *A. H. Kappel 729 N. Olive St.*

20. FILED *12 18 1933* *J. P. Brebeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-15-33* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 5, 1933*, to *Dec 15, 1933*

I last saw him alive on *Dec 10, 1933* Death is said to have occurred on the date stated above, at *6:30 P.M.*

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

Carcinoma head of pancreas - primary seat of metastasis generalized
Date of onset *1931*

Other contributory causes of importance: *Metastasis generalized ?*

Name of operation *Removal head of pancreas* of *1931*

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? *No*

If so, specify _____

(Signed) *J. P. Brebeck* M. D.

(Address) *5427 Belmont*

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 26 1934

