

SEP 25 1935

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

Do not use this space.

26465

1. PLACE OF DEATH

County JacksonRegistration District No. 39Township RiversPrimary Registration District No. 119City Kansas City, Mo.No. 119 WardFile No. 26465Registered No. 26465

St. _____ Ward _____

2. FULL NAME Nora Todd(a) Residence, No. Seymour mo. St. _____ 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.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1931

7. AGE

YEARS 4MONTHS 1DAYS 22

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) mo.

FATHER

13. NAME Andrew Todd

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

MOTHER

15. MAIDEN NAME May

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

17. INFORMANT Mercy Hospital Record(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Cem nearSeymour mo.DATE Aug 13, 193519. UNDERTAKER Mr C R Foster(ADDRESS) 918 Franklin20. FILED 8-13

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Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 193522. I HEREBY CERTIFY, That I attended deceased from 7-31-35, 1935, to 8-12, 1935I last saw her alive on 8-12, 1935. Death is said to have occurred on the date stated above, at 10:55 AM

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

Primary Otitis Media Date of onset 7-1-35
Brain Abscess 7-7-35
Carcinoma sinus 7-21-35
Thrombosis (arteries approximate)

Other contributory causes of importance: NoneName of operation Left Myringotomy Date of 8-7-35What test confirmed diagnosis? _____ 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) Charles Eldridge, M. D.(Address) 6747 Brookside BlvdK.C. Mo.

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.

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