

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

Do not use this space.

JAN 16 1936

38562

1. PLACE OF DEATH Boone Registration District No. 73
 County Boone Primary Registration District No. 3006
 Township _____ St. _____
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME Virgil Elmar Todd
 (a) Residence, No. 127 Sexton Rd. 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 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 Loney Todd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 10 4

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

13. NAME Jessie A. Todd

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

15. MAIDEN NAME Mary Armstrong

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

17. INFORMANT (ADDRESS) Mrs. Virgil O. Todd
127 Sexton Rd. Columbia, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE Dec. 17 1935

19. UNDERTAKER (ADDRESS) Parker Furniture Co
Columbia, Mo.

20. FILED 12/16/1935 Allie Selby
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15 1935
 I HEREBY CERTIFY, That I attended deceased from July 1 1933, to Dec 15, 1935.
 I last saw him alive on Dec 15, 1935. Death is said

to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset 1922

Other contributory causes of importance:
Chronic nephritis
Chronic myocarditis

Name of operation none Date of _____
 What 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) W. H. Humpsteadt, M. D.
 (Address) Columbia, 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.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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