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.

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

Do not use this space.

39404

1. PLACE OF DEATH JAN 8 1936

County Howard — Registration District No. 380 — File No.

Township Franklin — Primary Registration District No. 4224 — Registered No. 22

City New Franklin No. , Howard St. North Ward)

2. FULL NAME Joe Zilhart Todd

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

Length of residence in city or town where death occurred 47 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~~ Lissie Todd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1888

7. AGE: 23 — YEARS: 47 — MONTHS: 2 — DAYS: 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M, K, & T, R, R,

10. Date deceased last worked at this occupation (month and year) 12 - 9 - 1935

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Franklin Mo

FATHER

13. NAME John Walker Todd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Franklin Mo

MOTHER

15. MAIDEN NAME Rebecca McCauley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo.

17. INFORMANT (ADDRESS) Mrs J. Z. Todd New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pleasant DATE 12/12/35 19

19. UNDERTAKER (ADDRESS) C. S. Duncan New Franklin Mo.

20. FILED 12-31- 1935 J B Fleet Per C.W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935, to only 19

I last saw him alive on Dec 10, 1935 Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Coronary occlusion — Date of onset 12-10-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy 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) W. E. Stone, M. D.

(Address) Boonville, Mo.