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.

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

JUN 17 1936

Do not use this space.

19673

File No.

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City (No. 625 East 72nd St. Ward)

2. FULL NAME Harold L Todd

(a) Residence, No. 625 East 72nd St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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: Dorothy W Todd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 16, 1895

7. AGE: Years 41, Months 2, Days 13, If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: North Mahorney

10. Date deceased last worked at this occupation (month and year): Feb. 1936

11. Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Detroit Michigan

FATHER

13. NAME: Henry H. Todd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Kansas

MOTHER

15. MAIDEN NAME: Carrie B Dixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Branch Michigan

17. INFORMANT (ADDRESS): Dorothy W. Todd 625 East 72nd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE June 1, 1936

19. UNDERTAKER (ADDRESS): D.W. Newcomers' Sons 2111 E 9th St.

20. FILED May 31, 1936 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1934, to May 29, 1936

I last saw him alive on May 28, 1936. Death is said to have occurred on the date stated above, at 6 P. m.

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

	Date of onset
Leukemia, myelogenous.	unknown

Other contributory causes of importance:

Name of operation ... 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) Lubert M Parker, M. D.

(Address) 736 Argyle