JUL 25 1936

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

Do not use this space.

23935

1. PLACE OF DEATH
County: RANDOLPH — Registration District No.: 733
Township: — Primary Registration District No.: 3034
City: MOBERLY (No. ..., ... St. ... Ward)

File No.:
Registered No.: 127

2. FULL NAME: ALMA TODD
(a) Residence, No.: 214 HORSLEY 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: F
4. COLOR OR RACE: Bl.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ASA TODD.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 15-1882
7. AGE: YEARS 54 | MONTHS 11 | DAYS 18 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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): SALISBURY MO

FATHER
13. NAME: HENRY DAMERON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

MOTHER
15. MAIDEN NAME: LAURA WATTS.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

17. INFORMANT (ADDRESS): ASA TODD MOBERLY MO
18. BURIAL, CREMATION, OR REMOVAL PLACE: OAKLAND CEM. JUNE 5 1936
19. UNDERTAKER (ADDRESS): LEAVERTON FUNERAL HOME MOBERLY MO
20. FILED: 6/4 1936 Virginia Clarke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 3, 1936
22. I HEREBY CERTIFY That I attended deceased from April 1, 1936, to June 4, 1936
I last saw h... alive on May 30, 1936 Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic nephritis	

Other contributory causes of importance: General anasarca

Name of operation: 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) John O. Medlock, M. D.
(Address) Moberly 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD