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

AUG 21 1936

Do not use this space.

27085

1. PLACE OF DEATH
County Jefferson County — Registration District No. 423
Township Rock — Primary Registration District No. 5578
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 25

2. FULL NAME Frank David Todd

(a) Residence, No. ..... 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late Henrietta Todd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th, 1865

7. AGE: Years 71 — Months 2 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Indiana

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Homer Todd, 1528 Benton St. St Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 30th 1936

19. UNDERTAKER (ADDRESS) Henry Leidner Und Co, 1417 W. Market St

20. FILED July 28, 1936 Phil J. Kirk, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th, 1936

22. I HEREBY CERTIFY That I attended deceased from 7-27, 1936, to 7-27, 1936
I last saw him alive on 7-27, 1936. Death is said to have occurred on the date stated above, at 9:00 P.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy (Rupture of left middle Menninge of artery.)

Date of onset

Other contributory causes of importance:
Senility
Hypertension

82 [illegible]

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) O. J. Reich, M. D.
(Address) Kimmswick Mo.