

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.

OCT 20 1936

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

Do not use this space.

33792

1. PLACE OF DEATH

County Butler
 Township Poplar Bluff, Mo.
 City Poplar Bluff, Mo.

Registration District No. 89
 Primary Registration District No. 5131

File No. _____
 Registered No. 219
 St. _____ Ward)

2. FULL NAME Robert Lee Todd

(a) Residence, No. 14 Miles West Poplar Bluff. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1935.</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>15</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>
	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) Borene
 (STATE OR COUNTRY) Texas

13. NAME Carl Todd

14. BIRTHPLACE (CITY OR TOWN) Poplar Bluff,
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Trudie Smith

16. BIRTHPLACE (CITY OR TOWN) Florence
 (STATE OR COUNTRY) Alabama

17. INFORMANT Carl Todd
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff, DATE 9/17/36 19. _____

19. UNDERTAKER Frank Und Co.
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 9-18-36 19. 36 Blutinger
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/17/36. 19. _____

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936, to Sept 17, 1936
 I last saw him alive on Sept 16, 1936. Death is said to have occurred on the date stated above, at 6:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Diaph. Convuls. 3 days
10
 Other contributory causes of importance:
Diarr. Heart failure sudden

Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscopic 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. no
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. DeArment M. D.
Perceval DeArment
 (Address) _____

