FEB 16 1937

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

Do not use this space.

506

1. PLACE OF DEATH
County Carroll
Township Stokesmound,
City Tina, Mo. (No. ..... St. ..... Ward)

Registration District No. 139
Primary Registration District No. 51994079

File No. .....
Registered No. 1

2. FULL NAME Samuel Oscar 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38.	2	11.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day, Laborer,
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) Carroll Countu, Mo.

FATHER
13. NAME Jasper Todd,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know,

MOTHER
15. MAIDEN NAME Addie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Missouri.

17. INFORMANT (ADDRESS) Mrs Berneice Todd, Tina, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coloma, DATE Jan 4, 1937

19. UNDERTAKER (ADDRESS) Clifford W. Austin Tina, Mo.

20. FILED Jan 4, 1937 Mrs Sallie Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1936, to January 2, 1937
I last saw him alive on January 2, 1937. Death is said to have occurred on the date stated above at 9: p.m.
The principal cause of death and related causes of importance were as follows:

Neuro-Syphilis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Kahn 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) Dr. Ernest L. Smith, M. D.
(Address) Tina, Mo.

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

MARGIN RESERVED FOR BINDING

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.