

JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Webster*  
Township *Finley*  
City (No. ....) (St. ....) (Ward)

Registration District No. *899*  
Primary Registration District No. *6101*

File No. *21632*  
Registered No. *16*

2. FULL NAME *not named, Todd*

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 7*, 19*37*

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

22. I HEREBY CERTIFY, That I attended deceased from *May 3*, 19*37*, to *May 7*, 19*37*

I last saw *her* alive on *May 2*, 19*37* Death is said to have occurred on the date stated above, at *4:00* p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 4 - 1937*  
7. AGE YEARS MONTHS DAYS *3* If LESS than 1 day, .... hrs. or ..... min.

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

*Premature 304 weeks* Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*  
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.....

*(Would not nurse)*

Other contributory causes of importance: *159*  
*Mother had bronchitis-pneumonia and died.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Seymour Mo*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

13. NAME *Elmer Todd*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Stacie Manor*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT *C.E. Johnson* (ADDRESS) *Seymour Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wagon Cemetery* DATE *5/8 37*

19. UNDERTAKER *R.A. Watson* (ADDRESS) *Seymour Mo.*

20. FILED *May 7 1937* *R.E. McManahan* Registrar

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? If so, specify

(Signed) *C.G. Beers* M. D.

(Address) *Seymour Mo.*

N. B.—Every item of information should be carefully supplied. A fee amount of \$2.00 should be paid to the Registrar. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

