

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Randolph 7

Registration District No.

735

Township

Primary Registration District No.

3034

City

Moberly

(No.)

820 4th Morley

St.

Ward)

File No.

28172

Registered No.

178

2. FULL NAME

(a) Residence, No.

Follie Todd

St.

Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Omer Todd

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

July 31st 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

28 11 15

OCCUPATION

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

at home

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)

Mo

MOTHER FATHER

13. NAME

Samuel D Hove

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

Ky

15. MAIDEN NAME

Laura Buckner

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

Mo

17. INFORMANT (ADDRESS)

Omer M Todd Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Madison Mo

DATE

July 18 1937

19. UNDERTAKER (ADDRESS)

Mahoney and Son Moberly Mo

20. FILED

July 27 1936

Ethel Cretin Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 33 to July 16 19 37

I last saw her alive on July 16th 19 37 Death is said to have occurred on the date stated above, at 3:15 p. m.

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

Cancer of the Uterus

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) J. H. Johnson, M. D.

(Address) Moberly, Mo

