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

OCT 20 1937

Do not use this space.

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No. 34169

Township — Primary Registration District No. 3016 — Registered No. 71

City Washington, Mo. (No. , 115 Jefferson St. Ward)

2. FULL NAME George Todd

(a) Residence, No. 115 Jefferson St., Washington, Mo. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	28	3	19	

OCCUPATION

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

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) Gasconade County Mo

FATHER

13. NAME William Todd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER

15. MAIDEN NAME Emma Carroll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casconade County Mo

17. INFORMANT (ADDRESS) Milton Todd, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rubbin Ridge, Mo. DATE Sept. 5- 1937

19. UNDERTAKER (ADDRESS) Otto & Co. Washington, Mo.

20. FILED Sept. 4 1937 H. A. May Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1937, to Sept. 2, 1937

I last saw him alive on Sept. 2, 1937 Death is said to have occurred on the date stated above, at 7:30 Pm.

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

	Date of onset
Acute pulmonary edema	

115a2

Other contributory causes of importance:

Acute tonsilitis and uremia

Name of operation None Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) J. P. Post, M. D.

(Address) Washington, Missouri