

Do not use this space.

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

NOV 22 1937

38510

1. PLACE OF DEATH

County Pike
Township Buffalo
City _____

Registration District No. 689
Primary Registration District No. 5917
(No. Woolen Sch dist)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Net Name Todd

(a) Residence, No. Woolen Sch dist 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/22-37
7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min. Stillborn

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. _____
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) Pike Co Mo

13. NAME Truy Todd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

15. MAIDEN NAME Katie Keeffe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Truy Todd R 360 Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jarvis DATE 10/24 37

19. UNDERTAKER (ADDRESS) None

20. FILED 10/24 19 37 Registrar J. Chalmers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22 1937
22. I HEREBY CERTIFY, That I attended deceased from 10/22 1937 to 10/22 1937
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Stillborn Date of onset _____

Other contributory causes of importance:
Suffocation - Prolonged labor & protruding cord

Name of operation _____ 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. M. Kearson, M. D.
(Address) Louisiana Mo

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.

