

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

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.

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH
 County Clatsop Registration District No. 912
 Township Vancouver Primary Registration District No. 4550
 City Vancouver No. 300 (If nonresident, give city or town and State)
 2. FULL NAME John D. 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.

File No. **5950**
 Registered No. 7
 St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Carrie Edna Todd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 5 5
 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. Refractory
 10. Date deceased last worked at this occupation (month and year) 11/20 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Ill
 13. NAME Edgar Todd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Port Ind.
 15. MAIDEN NAME James Mc Cool
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Ill
 17. INFORMANT (ADDRESS) Mrs John Todd
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Glasgow Ill Mar 1 38
 19. UNDERTAKER (ADDRESS) W. Waters Vancouver
 20. FILED 3/1 1938 Carrie F. Utterback Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1937, to Feb 27, 1938.
 I last saw him alive on Feb 27, 1938. 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:
Chronic Valvular Heart Disease
92a
 Other contributory causes of importance:
 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) W. H. Beard, M. D.
Carrollina Lee (Address)

