

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

Do not use this space.

RECORDED MAR 14 1938

1. PLACE OF DEATH

County Buchanan
Township f
City St. Joseph (No. 1402 S. 5th)

Registration District No. 85
Primary Registration District No. 1001

File No. 6151
Registered No. 227
St. _____ Ward _____

2. FULL NAME William Todd 300

(a) Residence, No. 1402 S. 5th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>? / ? / 1855.</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>?</u>	DAYS <u>?</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Union Depot</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Buchanan County, Missouri
(STATE OR COUNTRY)

13. NAME Unknown 0

14. BIRTHPLACE (CITY OR TOWN) Unknown 9
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown 9

16. BIRTHPLACE (CITY OR TOWN) Unknown 9
(STATE OR COUNTRY) Unknown

17. INFORMANT History (don't know relative)
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery #123 DATE 2/25/38. 19

19. UNDERTAKER Graves Funeral Home
(ADDRESS) 806 S 17th

20. FILED Feb 25 1938 N J Neelbush
1348 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1938, to Feb 20 1938

I last saw him alive on Feb 20 1938. Death is said to have occurred on the date stated above, at 3 P. m.

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

Acute Myocarditis

Date of onset _____

930

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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. D. Sexton _____, M. D.

(Address) St. Joseph 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.

