

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 420
Township Valle Primary Registration District No. 5574
City Wes to mo (No. 300) St. _____ Ward _____

File No. 25693
Registered No. 58

2. FULL NAME

Charles Brooke Todd
(a) Residence, No. RR wa 9 S to St. Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Minnie Heath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 21

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Mo.

13. NAME William H. Todd

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

15. MAIDEN NAME Kathenie Fleming Cole

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

17. INFORMANT (ADDRESS) Harold H. Todd

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Aug 1 1938

19. UNDERTAKER (ADDRESS) motherhead

20. FILED 8-5 1938 Jessie Donnell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1938

I HEREBY CERTIFY that I attended deceased from July - 16 1938, to July - 30 1938. I last saw him alive on July 30, 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:
Chronic Nephritis Date of onset not known

Other contributory causes of importance:
Medical requisition for heart not known

Name of operation _____ 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) Walter G. Gibson, M. D.
(Address) 91 S to 240

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SEP 22 1958