

DECEMBER 20 1938

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

43841
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582
 (b) Township JACKSON Primary Registration District No. 5779 Registered No. 40
 (c) City JACKSON (d) Street No. MONROE CO., MO. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY J. TODD
 (a) Residence, No. MONROE CO., MO. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES TODD
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 25, 1842
 7. AGE YEARS 96 MONTHS 5 DAYS 7 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as 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) MARION CO. MISSOURI
 FATHER 13. NAME JOHN WILLIAMS
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WISC.
 MOTHER 15. MAIDEN NAME ELIZABETH CYANE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.
 17. INFORMANT (ADDRESS) ETHAN WILLIAMS PARIS, MO.
 18. BURIAL, CREMATION OR REMOVAL PLACE MT. ZION DATE DEC. 3, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED & BLAKEY PARIS, MO.
 20. FILED 12-2 1938 H.C. Payne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 2, 1938
 I HEREBY CERTIFY, That I attended deceased from NOV 20, 1938 to DEC 2, 1938
 I last saw him alive on DEC 1, 1938. Death is said to have occurred on the date stated above, at 4:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Fracture of neck of femur due to a fall
 Date of onset 11/20/38
 Other contributory causes of importance: Age
 Name of operation None Date of None
 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? None Date of injury None, 1938
 Where did injury occur? at her home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home
 Manner of injury Fracture of hip from fall
 Nature of injury Fracture of neck of femur
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) M.C. McManis M. D.
PARIS, MO. (Address)

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-934

Date Filed 1/14/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

E. H. Agnew

Licensed Embalmer No.

4000

P. O. Address

PASIS, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.