REC'D AUG 14 1939

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

25633
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
(d) Street No. St. John's Hospital 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.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 571

39
3
6

2. PRINT FULL NAME Mary D Todd
(a) Residence, No. St. Hartville Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1878
7. AGE ✓ YEARS 60 ~~58~~ MONTHS 11 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Hartville Mo 0

FATHER
13. NAME Alexander Todd 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co Mo. 1

MOTHER
15. MAIDEN NAME Julia A Finigan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) M N Todd Hartville Mo
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Hartville Mo DATE July 16 1939
19. FUNERAL DIRECTOR (ADDRESS) Gene E. Holdren Hartville, Mo
20. FILED July 16, 1939 Chas A George Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1939

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1939, to July 16, 1939
I last saw her alive on July 16, 1939. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Infection Right Thumb - 185 11

Date of onset July 1st

Other contributory causes of importance:
Staphylococcus Septicemia

Name of operation Drainage of Abscess Date of July 9-1939
What test confirmed diagnosis? Blood culture Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 1st, 1939
Where did injury occur? Hartville Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Stuck Bear in thumb
Nature of injury Infection followed

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fedel Dagelboom, M. D.
(Address) Holland Bldg Springfield MO

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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