

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.

JUN 27 1931

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

Do not use this space.

1. PLACE OF DEATH
 County Monroe Registration District No. 582
 Township Jackson Primary Registration District No. 5779
 City (No. _____) St. _____ Ward _____

2. FULL NAME JAMES R. 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 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

18726
 File No. _____
 Registered No. 25
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Susan Todd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>8</u>	<u>29</u>	

OCCUPATION

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

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) 1920

11. Total time (years) spent in this occupation 60

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

FATHER

13. NAME Christopher G. Todd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.

MOTHER

15. MAIDEN NAME Chloe Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Stephen Todd
 (ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Long Branch Church DATE May 13, 1931

19. UNDERTAKER Speed & Slakey
 (ADDRESS) Paris, Mo.

20. FILED May 12, 1931 H. C. Payne
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1931 to May 11, 1931
 I last saw him alive on May 31, 1931 Death is said to have occurred on the date stated above, at 1130 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset May 1931
108 / 108

Other contributory causes of importance: _____

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) M. C. McMurphy, M. D.
 (Address) Paris, Mo.

