

FILED NOV 25 1940

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

36571

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 2: 0
 (b) Township Bowman Primary Registration District No. 851 Registered No. 8
 (c) City Osgood or (d) Street No. 6th St. 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

Lewis Morgan Todd
 (a) Residence, No. Osgood 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 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 Alice Todd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Gum Rubber
 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) USA Mo 0

FATHER 13. NAME Thomas Todd 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 1

MOTHER 15. MAIDEN NAME Louise Ralls

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

17. INFORMANT (ADDRESS) Mrs. Alice Todd
Osgood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Camp Ground DATE Oct 26 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Bays
Salt Mo

20. FILED Oct 28 1940 Lulu Scott
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1940, to Oct 22 1940

I last saw him alive on Oct 5 1940 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Valvular Heart Disease
Partly
92 W

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) H. B. Bays, M. D.

(Address) Salt Mo

RECEIVED

District Health Officer No. 10

District File Number 11-40-2109

Date Filed NOV 11 1940

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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.