

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.

NOV 31 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32474

1. PLACE OF DEATH

County GrundyRegistration District No. 337Township GaltPrimary Registration District No. 4794City Galt

(No. _____)

File No. _____

Registered No. 19

St. _____ Ward _____

2. FULL NAME Mary Ann 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March-5-1855</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>6</u>	DAYS <u>26</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.13. NAME Mrs Barton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Rebecca Wimmiller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mrs U C Weston (ADDRESS) Galt Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Union Grove DATE Oct 2 193519. UNDERTAKER Raymond P. Son (ADDRESS) Galt Mo20. FILED 10-1-1935 U C Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 193522. I HEREBY CERTIFY, That I attended deceased from 9-22- 1935, to 10-1- 1935I last saw her alive on 9-30- 1935. Death is saidto 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:

Fecal Impaction Date of onset 9-17-35Other contributory causes of importance: Left iliac artery thrombosis 9-23-35

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 _____

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) U C Weston, M. D.(Address) Galt, Mo

