

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

Do not use this space.

9909-7

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis, Mo. (No. _____)

Registration District No. 604
Primary Registration District No. 2500

File No. 228
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Burdie Lou Little
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) _____
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. (If nonresident, give city or town and State)

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>Married</u>	
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 15 - 12</u>					
7. AGE		YEARS <u>15</u>	MONTHS <u>3</u>	DAYS <u>X</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wife</u>				
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) <u>Mo.</u>					
FATHER	13. NAME <u>Bob Spencer</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
MOTHER	15. MAIDEN NAME <u>Anne Spry</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
17. INFORMANT (ADDRESS) <u>Andrew J. Little, Jr. St. Louis, Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope</u> DATE <u>Mar. 16, 1928</u>					
19. UNDERTAKER (ADDRESS) <u>W. Wright, St. Louis, Mo.</u>					
20. FILED <u>7/20/1932</u> <u>W. O. Bannan (V.S.) Registrar</u>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 15, 1928

22. I HEREBY CERTIFY, That I attended deceased from
Mar 14, 1928, to Mar 15, 1928
I last saw him alive on Mar 14, 1928. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Apoplexy
meningitis
Other contributory causes of importance: MAB

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) W. J. Johnson, M. D.
(Address) St. Louis, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 25 1932

