23 1929

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

37817-a

Do not use this space.

Martin 2911

1. PLACE OF DEATH
County Phelps
Township Rolla
City (No. ..... St. ..... Ward)

Registration District No. 677
Primary Registration District No. 4403

File No. 37817-a
Registered No. 10

2. FULL NAME A. P. Little

(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: Male
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1862

7. AGE: Years 66 | Months 9 | Days 18 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Broker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

PARENTS
10. NAME OF FATHER W. W. Little
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Lemon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs A. P. Little
(Address) E. St. Louis Ill

15. FILED Jan 28 1929 Jos. F. Ayers REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Died Suddenly, 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at Mrs Mew Home,

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

92A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Henderson, M. D.

Nov. 26, 1928 (Address) Cuba Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: E. St. Louis Ill
DATE OF BURIAL: 11-26 1928

20. UNDERTAKER: H. H. McPhail
ADDRESS: Rolla

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.

37817-a