

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

Do not use this space.

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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.

FEB 18 1937

PLACE OF DEATH
 County Small Registration District No. 136
 Township Nakuda Primary Registration District No. 519B
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Eliza Jane 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Little
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-20-1849
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 8 19
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (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) Boone Co Mo
 10. NAME OF FATHER James S. Robinson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2
 12. MAIDEN NAME OF MOTHER Martha Tomlin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo
 14. INFORMANT James M. Robinson
 (Address) Carrollton Mo
 15. FILED 11 19 37 Mar E E Jamham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11 1937
 17. I HEREBY CERTIFY, That I attended deceased from 1-1 1937, to 1-11 1937, that I last saw her alive on 1-10 1937, and that death occurred, on the date stated above, at 8:30 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr 9 interstitial nephritis
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1903 (duration) 10 yrs. mos. ds.
 CONTRIBUTORY uremic poisoning (SECONDARY) (duration) _____ yrs. mos. 10 ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no (1)
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) J. B. Brown, M. D.
1/11 1937 (Address) Carrollton 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 Nakuda B. C. Cem DATE OF BURIAL 1/12 1937
 20. UNDERTAKER Wells Funeral Home ADDRESS Carrollton

