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.

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

Do not use this space. 21646

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. St. Vincents Hospital St. Ward)
File No.
Registered No.

2. FULL NAME Robert Littler
(a) Residence. No. 410 West 47th Street St., 7 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25, 1931

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 7 hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Robert F. Littler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Michigan
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Kathleen Downer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

14. INFORMANT Robert F. Littler
(Address) Kansas City, Mo.

15. FILED 6/26, 1931 410 West 47th St. M. M. Croque asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from June 25th, 1931, to June 25th, 1931 that I last saw him alive on June 25th, 1931, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity
159 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 159 (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? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature] M. D.
6-26-, 1931 (Address) 327 Argyle

*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: St. Marys Cemetery — DATE OF BURIAL: 6-26-31 19

20. UNDERTAKER: R. V. Lindsey & Sons, Inc. — ADDRESS: K.C.Mo.

Dr. J. Phil Edmundson
Argyle Bldg.