

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

Do not use this space.

21985

File No. _____
Registered No. 23 Ward _____

1. PLACE OF DEATH

County Lewis
Township Canton
City Benjamin MO (No. _____)

Registration District No. 477
Primary Registration District No. 5641

2. FULL NAME

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna T. Shanks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 19-1870</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>5</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer!</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) <u>Apr. 1-1930</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis County, Mo.</u>		
13. NAME <u>Joseph Little</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lemo</u>		
15. MAIDEN NAME <u>Martha Ellen Jackson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Joseph Little Benjamin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Grove Canton Mo.</u> DATE <u>June 14, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>F. O. Kelly Canton Mo.</u>		
20. FILED <u>7-25-31</u> <u>H. W. Harris MD</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1931

2. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931, to June 12, 1931
last saw him alive on June 12, 1931. Death is said to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach Date of onset about June 1930
H&B
46 B
Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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 _____, 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? No
If so, specify _____
(Signed) P. W. Jennings, M. D.
(Address) Canton, Mo.

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. Fill in all spaces. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1931

