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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1033 File No. 29936

Township ..... Primary Registration District No. ..... Registered No. 8989

City ST. Louis (No. 5048 Kensington St. ..... Ward)

2. FULL NAME Matthew Little

(a) Residence. No. 5048 Kensington St., 12 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 3, 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	6	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Freight Car Repairer
(b) General nature of industry, business, or establishment in which employed (or employer) Missouri Pacific R.R.
(c) Name of employer Retired 15 years

9. BIRTHPLACE (CITY OR TOWN) ST. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Matthew Little
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT W. L. Boeckstiegel
(Address) 8200 — Page

15. FILED AUG 22 1931 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar - 20, 1928, to Aug 22, 1931 that I last saw him alive on Aug 22, 1931, and that death occurred, on the date stated above, at 7:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis
93C
130 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 3 yrs. ..... mos. ..... 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
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab -
(Signed) Leo J Reilly, M. D.
Aug 22, 1931 (Address) 8105 Page Blvd

*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	DATE OF BURIAL
Central Cemetery	Aug 24 1931
20. UNDERTAKER Shepard Funeral Home	ADDRESS 1167-67 Hamilton ave

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.