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.
34368

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Wesley Hospital St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 4081

2. FULL NAME Joseph J. Littick
(a) Residence, No. 3132 Grand 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 M
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~~ Mrs. Carrie H. Littick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1864

7. AGE YEARS 67 MONTHS 1 DAYS 18 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attorney
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Marcus A. Littick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary Boles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Carrie H. Littick 3132 Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope K.C.K. DATE Oct 6 1931

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons 211-18 Ave st K. C. Mo

20. FILED 10-6-1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-3-1931, to 10-3-1931
I last saw him alive on 10-3-1931 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:
Shock following operation for Strangulated Hernia which had been out about 24 hrs - badly swollen
Date of onset
Other contributory causes of importance:
Gangrene of intestine
Name of operation Herniatomy Date of 10-3-31
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) B. S. Powell, M. D.
(Address) 926 McGee

[illegible] Reliance Bldg
10 [illegible]
Till 12 a.m.