

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

Do not use this space.

34720 ✓

**1. PLACE OF DEATH**

County Jackson  
Township Sumner  
City S. of Buckner

Registration District No. 402  
Primary Registration District No. 5587

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jennie L. Littell

(a) Residence, No. Sumner St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>ms</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Archibald V. Littell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1858</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>4</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>invalid</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gaswell Co Va</u>		
FATHER	13. NAME <u>John Chiddix</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>	
MOTHER	15. MAIDEN NAME <u>Rachel Necessary</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>	
17. INFORMANT (ADDRESS) <u>Mr. A. V. Littell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buckner Mo</u> <u>Green's Chapel</u> DATE <u>Oct 11 31</u>		
19. UNDERTAKER (ADDRESS) <u>M. Reppert</u> <u>Buckner Mo</u>		
20. FILED <u>Nov. 2 1931</u> <u>S. Mann</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1931 to Oct 9 1931  
Last saw him alive on Oct 9 1931. Death is said to have occurred on the date stated above, at 830 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
82A 820W  
Date of onset Sept 1st 1931

Other contributory causes of importance:  
X

Name of operation None Date of X  
What test confirmed diagnosis? X Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X, 1931  
Where did injury occur? X  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) J. W. Robinson, M. D.  
(Address) Buckner, Mo.

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.

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