

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

Do not use this space.

8459 1039

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Wheeler Registration District No. _____
Township 1st Primary Registration District No. _____
City W. C. Grove (No. 2640 Cypress)

2. FULL NAME

(a) Residence, No. 2640 Cypress 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 <u>Fe</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis T. Little</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14 - 1853</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>6</u>	DAYS <u>27</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife</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. <u>92 1/2</u>

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1932, to March 11, 1932.
I last saw her alive on March 11, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Myocardial stenosis
Chronic myocarditis
Auricular fibrillation
with decompensation

Other contributory causes of importance:
Arteriosclerosis
Senility

Name of operation none Date of _____
What test confirmed diagnosis typical Was there an autopsy? no

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>John Walden</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT (ADDRESS) <u>F. C. Little 2640 Cypress</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Pleasant Park, Columbia, Mo. March 18, 1932</u>
	19. UNDERTAKER (ADDRESS) <u>Port & Hendricks 4139 E. 13th St.</u>
	20. FILED <u>3/12</u> , 19 <u>32</u> <u>M. M. Crowe</u> Registrar.

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) Ch. Vincent M. D.
(Address) 4202 East 24th

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.

MARGIN RESERVED FOR BINDING

V.S. NO. 2

