

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

Do not use this space.

**1. PLACE OF DEATH**

52 County Boonville  
Township Boonville  
City Boonville (No. ....) St. .... Ward)

Registration District No. 447  
Primary Registration District No. 5607

File No. 22232  
Registered No. ....

**2. FULL NAME**

Frankie J. Littleton  
(a) Residence. No. .... 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
6 0 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) ✓  
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Siward mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Fred J. Littleton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Novelty mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lydia Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cherry Bay mo  
(STATE OR COUNTRY)

14. INFORMANT F. J. Littleton  
(Address) Siward mo

15. FILED 8/10 32 Mark Baldwin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1932

17. I HEREBY CERTIFY, That I attended deceased from July 22 1932, to July 25 1932 that I last saw h. alive on July 26 11 P.M., 1932, and that death occurred, on the date stated above, at 9:35 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Infection of foot - caused by splinter of wood

CONTRIBUTORY (SECONDARY) Itanus (duration) yrs. mos. 07 ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH? (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Injury, laceration of muscles  
(Signed) S. P. Simpson, M. D.  
, 19 (Address) Boonville mo

\*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 Cherry Bay mo DATE OF BURIAL 8/2 1932

20. UNDERTAKER Elmer Beckwith 322 ADDRESS Siward 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.

AMS 85 1932

PARENTS

