

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

Do not use this space.

31423

**1. PLACE OF DEATH**

10 County Boone Registration District No. 73  
 3 Township Columbus Primary Registration District No. 3006  
 8 City Columbus (No. ....) St. .... Ward)

**2. FULL NAME**

Frank H. Little  
 (a) Residence, No. 405 Lyons 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lattie Little  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1834  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
About 98  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Don't know ?!

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Sallie Brinkman  
Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 10-23 1935

19. UNDERTAKER (ADDRESS) Walter B. Parker  
Columbia, Missouri

20. FILED 10/27/37 Allice Selby Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932 to Oct 17, 1932

I last saw him alive on Oct 17, 1932 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:

Coronary Atherosclerosis 10-63-  
82A  
S. H. W.  
 Other contributory causes of importance: none

Name of operation: ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Dr. Moore, M. D.  
 (Address) 71 1/2 B. Hwy Columbia

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.

NOV 21 1932

WRITE PLAINLY, WITHOUT FADING INK—THIS IS A PERMANENT RECORD

