

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.

JAN 5 1933

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

Do not use this space.

38042

1. PLACE OF DEATH
 100 County Hettisoscot Registration District No. 1151
 6 Township Fisher Primary Registration District No. 4588
 3 City Fornfeldt (No. _____) St. _____ Ward _____

2. FULL NAME Martin Lewis Littlepage
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>0</u>	<u>9</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Indiana 2

FATHER

13. NAME Lewis Littlepage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 31

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Martin Littlepage Jr
Fornfeldt

18. BURIAL, CREMATION, OR REMOVAL PLACE Reley Cem Near Cobden Ill. DATE Nov 3 1932

19. UNDERTAKER (ADDRESS) Bryana Hoffstetter
Littlepage

20. FILED 11/3 W. G. McCoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 1932

I HEREBY CERTIFY, That I attended deceased from June 21 1932 to Nov. 2 1932

I last saw him alive on Nov. 1 1932 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
23A 2 B

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Smear Was there an autopsy? M

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) G. J. D. _____ M. D.
 (Address) _____

B. J. Dennis