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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No. 39737
Township Kaw — Primary Registration District No. 1002 — Registered No. 4744
City Kansas City (No. General Hospital #2 St. ..... Ward)

2. FULL NAME Andrew Littleton
(a) Residence, No. 2016 Bellview 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 Col
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) Nov 13-1896
7. AGE YEARS 36 MONTHS 1 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 245
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) Miss 2

FATHER
13. NAME Thomas Littleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Venice Littleton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) W. J. Littleton 2016 Bellview
18. BURIAL, CREMATION, OR REMOVAL
PLACE Westlawn DATE 12-15 1932
19. UNDERTAKER (ADDRESS) H B Moore 1870 E 18 st
20. FILED 12-14 1932 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13/32, 19
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19
I last saw h..... alive on ....., 19..... 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:

	Date of onset
Gunshot wounds of pelvis	
173	

Other contributory causes of importance:
173 (7)

Name of operation none Date of no
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 12/12, 1932
Where did injury occur? 1846 Bellview KC Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Injury by firearms
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C Hatch, M. D.
(Address) Deputy Coroner