

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

Do not use this space.

6875

1. PLACE OF DEATH
 92 County St. Charles Mo. Registration District No. 757
 4 Township Primary Registration District No. 5998
 8 City St. Charles (No. County St. Charles St. Ward)

2. FULL NAME Steven Littrell
 (a) Residence, No. St. Charles County St. Ward. (If nonresident, give city or town and State)
 (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 Mal 4. COLOR OR RACE White 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) April 14 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 11 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

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) Washington County Mo.

13. NAME Dallas Littrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County Mo.

15. MAIDEN NAME Becky Thornton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County Mo.

17. INFORMANT (ADDRESS) Dallas Littrell
St. Charles County Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE July 21 1933

19. UNDERTAKER (ADDRESS) H. B. Dalleneyer & Sons Co.
St. Charles Mo.

20. FILED 7/21 1933 Ny. J. Bloebaum
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1933 to Feb 20th 1933
 I last saw him alive on Feb 20th 1933. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary TB
Tuberculosis
 Other contributory causes of importance: 3

Date of onset
Sept 1932

Name of operation Chempy Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

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? Yes
 If so, specify Yes
 (Signed) H. B. Dalleneyer, M. D.

(Address) St. Charles Mo.

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.

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