N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 24 1933

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

Do not use this space.

12001

1. PLACE OF DEATH
County Scotland
Township Harrison
City Gorin

Registration District No. 809
Primary Registration District No. 4487

File No.
Registered No.

(No. , St. Ward)

2. FULL NAME William Harris Little

(a) Residence, No. Gorin, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary J. Little

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17, 1851

7. AGE: YEARS 81 | MONTHS 10 | DAYS 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): Platte Co., Mo.

FATHER
13. NAME: Calvin, Little
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Margaret Bryant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Will Vandolah Gorin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bondurant Cemetery DATE Mch. 7, 1933

19. UNDERTAKER (ADDRESS): Gerit H Sorbitt Gorin

20. FILED Mar 7, 1933 F. M. Johnson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932 to Mar. 5, 1933
I last saw him alive on March 4, 1933. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Interstitial nephritis — Date of onset 2/5/1931

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? chemical Was there an autopsy? no

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? no
If so, specify
(Signed) Don Pierce, M. D.
(Address) Gorin Mo.