

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

Do not use this space.

40673

57
AN 26 1934

1. PLACE OF DEATH

County Springston
Township Rich Hill
City Rich Hill

Registration District No. 508
Primary Registration District No. 5685

File No. _____
Registered No. 153
St. _____ Ward _____

2. FULL NAME

Pansy Ethel Littell

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1884

22. HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to Dec 23, 1933
I last saw her alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 10 A. m.

7. AGE YEARS 49 MONTHS 5 DAYS 6
If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Broncho Pneumonia
Chronic Organic Disease of Heart
Date of onset Dec 23/33
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? History Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill Mo

13. NAME Andrew J. Thorniglow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donk Kupio Mo

15. MAIDEN NAME Amanda De Witt

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

17. INFORMANT (ADDRESS) J. S. Littell

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling Mo DATE Dec. 26, 1933

19. UNDERTAKER (ADDRESS) Grady S. Smiley

20. FILED Dec 26, 1933 Bonella Bonelli Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19____
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify _____
(Signed) W. S. Smith, M. D.
(Address) Wheeling Mo

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