

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.

MAR 24 1934

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

Do not use this space.

3468-45
203

1. PLACE OF DEATH
County St. Louis Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Mary's Infirmary St. _____ Ward _____

2. FULL NAME Joe Little
(a) Residence No. 2035 Eugenia St. W 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.

File No. _____
Registered No. 1228
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer
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) not given 11. Total time (years) spent in this occupation not given

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
13. NAME Joe Little
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

FATHER
15. MAIDEN NAME Matilda Montgomery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Rose Eskar
(ADDRESS) same 2035 Eugenia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Patterson field DATE 1/3/1934

19. UNDERTAKER W. H. White
(ADDRESS) 2817 Thompson St.

20. FILED 100 28 1934
J. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1934

22. I HEREBY CERTIFY, that I attended deceased from Nov. 7, 1933 to Jan. 8, 1934
I last saw him alive on Jan. 8, 1934. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:
Chc. Cholecystitis & Gall Stones
Chc. Myocarditis
Date of onset _____

Other contributory causes (if important):
939

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) R. W. White, M. D.
(Address) St. Mary's Infirmary

