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

Do not use this space.

26012
File No. 14
Registered No.

1. PLACE OF DEATH
County Pallo
Township Galloway
Registration District No. 727
Primary Registration District No. 5-965-9
City (No. , St. Ward)

2. FULL NAME Mary Frances Litterbock

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

Length of residence in city or town where death occurred 77 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 16 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Jim Litterbock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-13-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	9	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Pallo Co Mo.

FATHER
13. NAME: Robert Towne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Sara E. Scobee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ano. Pallo Co

17. INFORMANT (ADDRESS): Robert Litterbock Perry Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE July 30 1934

19. UNDERTAKER (ADDRESS): Geo Rouelle Perry Mo.

20. FILED 7-18 1934 Geo Rouelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to July 18 1934
I last saw her alive on July 16 1934 Death is said to have occurred on the date stated above, at 3-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Pulmonary	
CV	

Other contributory causes of importance:
Arterio Sclerosis

Name of operation: Date of
What test confirmed diagnosis? Phys. Was there an autopsy?

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) O E Towne, M. D.
(Address) Perry Mo