

NOV 28 1934

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

Do not use this space.

36756

1. PLACE OF DEATH

7⁵ County New Madrid
Township Anderson
City..... (No.....)

Registration District No. 55
Primary Registration District No. 6262

File No. 10
Registered No. 1065
..... St. Ward)

2. FULL NAME

Sallye Ann Littell
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23-1934</u>		
7. AGE	YEARS	MONTHS
		<u>4</u>
		DAYS
		<u>2</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓	
	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) <u>Tallapoosa Mo.</u>		
FATHER	13. NAME <u>Arthur Littell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Sallye Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo.</u>	
17. INFORMANT (ADDRESS) <u>Arthur Littell</u> <u>Tallapoosa Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Mo.</u> DATE <u>10-26</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>M. L. Laray</u> <u>Malden, Mo.</u>		
20. FILED <u>Nov-10-1934</u> <u>M. L. Laray</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934, to Oct 25 1934
I last saw h. alive on Oct 24 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Iles Colitis (Toxic Diarrhea)
1196
Other contributory causes of importance:
Amby dream
Cholera Maligna Acute
Bronchitic Acute
Date of onset 1 week
18 hr
8 hr

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) John Van Cleave M. D.
(Address) Malden 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.

