

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

Do not use this space.

9330

1. PLACE OF DEATH

County Sour
Township Ross
City Ross or City Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 1220
Registered No. 1220

2. FULL NAME

(a) Residence, No. 2228 Camp Hill
(Usual place of abode) Tobacco House St. Far Cent. Mo.
(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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 35

7. AGE YEARS MONTHS DAYS? 3 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. Infant
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)

FATHER 13. NAME David Little

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Emma J. Little

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

17. INFORMANT (ADDRESS) Emma J. Little

18. BURIAL, CREMATION, OR REMOVAL Becks Church DATE 5/20/35

19. UNDERTAKER (ADDRESS) First Baptist Church

20. FILED 3-24 1935 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1935, to March 22, 1935.

I last saw him alive on March 22, 1935. Death is said

to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Obtuse ectasis
16/2

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam 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) J. W. Bosker, M. D.
(Address) 2028. VINE ST.

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.

