

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.

SEP 18 1935

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

Do not use this space.

25516

1. PLACE OF DEATH

County Barry Registration District No. 36
Township Superior Primary Registration District No. 5052
City Bellevue (No. _____) St. _____ Ward _____

2. FULL NAME Benjamin F. Little

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/17/1879
7. AGE YEARS 56 MONTHS 2 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

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. farmer
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) Texas13. NAME James C. Little14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Quistard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT J. C. Little
(ADDRESS) Wellman, Tex.18. BURIAL, CREMATION, OR REMOVAL
PLACE New Salem DATE 8/20 193519. UNDERTAKER Roan Central Home
(ADDRESS) Careville, Ind.20. FILED 8-20 1935 Pollie S. Frost
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1935 to Aug 18, 1935.
I last saw him alive on Aug 18, 1935. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

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

Date of onset

acute myocarditis ?

Other contributory causes of importance:

Chromid
Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Spectroscopy23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935
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) Dr. Chas. A. Brown(Address) Bellevue Mo.

