

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.

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

Do not use this space.

SEP 16 1935

791
1008

27813

File No. 6864
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City *St. Louis Mo* (No. *City of St. Louis*)

2. FULL NAME *Gus Little*

(a) Residence, No. *2203 Wellman St.*, *21* 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 *colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *M*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Married Harriet Little*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1888*

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>44</i>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Hay Labor*
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) *ala*

13. NAME *Richard Little*

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

15. MAIDEN NAME *Not Known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ala*

17. INFORMANT *Harriet Little*

(ADDRESS) *2203 Wellman St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father's Quaker* DATE *aug 12 1935*

19. UNDERTAKER *Richardson & Funnell*

(ADDRESS) *2203 N. Jefferson*

20. FILED *Aug 12 1935* Registrar *J.P. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 7th 1935.*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at *1:20 P.M.*

The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous Nephritis.

Other contributory causes of importance:
Chronic Adhesive Pericarditis
Chronic Atrophic Cirrhosis Liver.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *Yes.*

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 _____

(Signature) *Harriet Little*, M. D.
(Address) _____

