

DEC 17 1935

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

Do not use this space.

35324

1. PLACE OF DEATH

County County Butler Registration District No. 92
Township Gillis Bluff Primary Registration District No. 5137
City 3 miles East Quin St. _____ Ward _____

2. FULL NAME Cecil Littles

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child
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) Quin
(STATE OR COUNTRY) Missouri.13. NAME Dick Littles14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)15. MAIDEN NAME Leonia Harp16. BIRTHPLACE (CITY OR TOWN) St. Francis
(STATE OR COUNTRY) Arkansas17. INFORMANT Mrs. Leonia Littles
(ADDRESS) Quin, Mo.18. BURIAL, CREMATION, OR REMOVAL Quin Cem.
PLACE Quin, Mo. DATE Nov. 22 193519. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.20. FILED Dec 10 1935 Seaco
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. im alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:00 P. M.
The principal cause of death and related causes of importance were as follows:

Drowning
Fell 15 ft. from M. R. trench into ditch of 3 ft. of water
Date of onset 11/21/35

Other contributory causes of importance:

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? ACCIDENT Date of injury 11-21-35Where did injury occur? Poplar Bluff, Mo.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Public placeManner of injury Fall into ditch waterNature of injury Drowned24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) W. H. Reynolds, M. D.(Address) Poplar Bluff

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.

