

JAN 3 1935

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

Do not use this space.

35902

31

1. PLACE OF DEATH

County Pemissot
Township Buller
City Portageville

Registration District No. 116
Primary Registration District No. 5

File No. 31
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Francis Little (Little)
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-5-1933

7. AGE YEARS 3 MONTHS 12 DAYS 17 IF LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spliner, 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)) Portageville Mo

13. NAME Simon Little

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

15. MAIDEN NAME Nora Berris

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

17. INFORMANT Simon Little (ADDRESS) Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial cemetery 11-27

19. UNDERTAKER M Payne (ADDRESS) Portageville Mo

20. FILED Dec 28, 1935 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Nov 9, 1935 to Nov 21, 1935. I last saw her alive on November 17, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

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

Bronchopneumonia Date of onset 11-19-35

1074
Other contributory causes of importance: Marasmus Upper Respiratory Inf. 11-14-35

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? no
If so, specify _____
(Signed) John Kilbourn, M. D.
(Address) Portageville, Mo.

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.

