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.

MAR 24 1936

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

Do not use this space.

1. PLACE OF DEATH
County Ralls
Township Center
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 725-
Primary Registration District No. 5-95-6

File No. 7264
Registered No. .....

2. FULL NAME Miss Mary Helen 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 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1857.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Ralls Co Missouri

FATHER

13. NAME John Little
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Frances Keithly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County Mo

17. INFORMANT (ADDRESS) Miss Opal Little Center Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul DATE 2/11/36, 19

19. UNDERTAKER (ADDRESS) Giles R Hulse, Center

20. FILED Feb 12, 1936 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936, to Feb 11, 1936
I last saw her alive on Feb 11, 1936 Death is said to have occurred on the date stated above, at 3:30a m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
93d 1

Date of onset 2/4/36

Other contributory causes of importance:
None known

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? NO
If so, specify .....
(Signed) Dr. C. H. Brooks D.O., M. D.
(Address) Center, Mo.