

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

Do not use this space.

SEP 21 1936

30485

1. PLACE OF DEATH

County Franklin Registration District No. 293 File No. _____
 Township Orles Primary Registration District No. 4177 Registered No. _____
 City Pacific, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Emma Littleton
 (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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Aug 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Chris Jaggle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Robert Littleton Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Cemetery Aug 13 36

19. UNDERTAKER (ADDRESS) Thibault & Son Pacific, Mo.

20. FILED 9-4-36 Registrar G. E. Jones

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1930 to Aug 10 1936

I last saw him alive on Aug 10 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Chronic Aortic Valvular disease
Hypertension
 Date of onset many years

Other contributory causes of importance: Hypertension many years

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) D. J. McRay, M. D.
 (Address) Pacific, Mo.

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.

