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.

JAN 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 46619

Township ..... Primary Registration District No. ..... Registered No. 12411

City St. Louis (No. ST. MARY'S INFIRMARY St. ..... Ward)

2. FULL NAME Wade Littleton

(a) Residence, No. 1518 a Wash St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ KATHRINE LITTLETON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1909

7. AGE: YEARS 26 MONTHS 7 ~~4~~ DAYS ~~26~~ 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MUSICAN
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) 11-19-36
11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

FATHER

13. NAME LOUIS LITTLETON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

MOTHER

15. MAIDEN NAME MOLLIE STUSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

17. INFORMANT (ADDRESS) JENNIE YOUNG

18. BURIAL, CREMATION, OR REMOVAL
PLACE FATHER DICKSON DATE 12-19 1936

19. UNDERTAKER (ADDRESS) LOVE UND. CO BLOJ WASHINGTON

20. FILED DEC 1 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1936, to December 15, 1936
I last saw him alive on December 15, 1936 Death is said to have occurred on the date stated above, at 12:05 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Empyema (Left)
Atelectasis of Left Lung

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 .....
(Signed) [signature], M. D.
(Address) St. Mary's Infirmary