

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

Do not use this space.

2107

FEB 27 1937

**1. PLACE OF DEATH**

County Livingston Registration District No. 508  
 Township \_\_\_\_\_ Primary Registration District No. 30th  
 City Chillicothe (No. 1) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

**2. FULL NAME**

Susan Littelton  
 (a) Residence, No. 17 Ashu 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 <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Littelton</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12 - 1854</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>82</u>	<u>9</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>at home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>285</u>				
	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) <u>mo</u>					
FATHER	13. NAME <u>J. A. Agee</u>				
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>mo</u>				
MOTHER	15. MAIDEN NAME <u>Don't know</u>				
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Don't know</u>				
17. INFORMANT (ADDRESS) <u>James Littelton Chillicothe, Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edgewood</u> DATE <u>Jan 25, 1937</u>					
19. UNDERTAKER (ADDRESS) <u>M. W. ... Chillicothe, Mo</u>					
20. FILED <u>24-26</u> 19 <u>37</u> <u>Donald D. ...</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1936, to Jan 23 - 1937  
 I last saw her alive on Jan 22 - 1937 Death is said to have occurred on the date stated above, at 3 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Hypertension  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
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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?  
 If so, specify Rebell ...  
 (Signed) Chillicothe, Mo M. D.  
 (Address) \_\_\_\_\_

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.

