

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

Do not use this space.

FEB 17 1937

2226

1. PLACE OF DEATH

64 County *Marion*
 Township *Liberty*
 City (No. _____)

Registration District No. *548*
 Primary Registration District No. *5740*

File No. _____
 Registered No. *3*
 St. _____ Ward _____

2. FULL NAME *Olla 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 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) *About 1892*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<i>About 45</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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) *Mo.*

MOTHER FATHER 13. NAME *J. W. Little*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT *Wm. O. Darnell*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marys Cemetery Mo.* DATE *1/1/37*

19. UNDERTAKER (ADDRESS) *Geo. O. Darnell*

20. FILED *Jan. 18 - 1937* *L. Bertrude Lee* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *JAN. 17*, 1937

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 14*, 1937, to *Jan. 16*, 1937. I last saw him alive on *Jan. 10*, 1937. Death is said to have occurred on the date stated above, at *10 A.M.*

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

Chronic Insane and Paralysis

Date of onset _____

Other contributory causes of importance: *82%*

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 (Signed) *W. J. Roselle*, M. D.
 (Address) *Campana Mo.*

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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Liberty
City (No.), (St.) Ward

Registration District No. 5-48
Primary Registration District No. 5-740

File No.
Registered No. 3

2. FULL NAME Ella Little

(a) Residence, No. St. Ward.
(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. (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 (write the word) single

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

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

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. abt 45

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Jan. 18 - 37 Gertrude Lee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at, m.

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

Chronic disease and paralysis
new found for her, no history

Date of onset

Other contributory causes of importance: None

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

(Signed) Dr. J. H. Roselle, M. D.
(Address) Palmyra mo

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