

MAR 25 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Randolph  
Township Prairie  
City P.F.W. Clark (No. ...., St. .... Ward)

Registration District No. 736  
Primary Registration District No. 5424

File No. 7803  
Registered No. 1

2. FULL NAME James Givins Littrell

(a) Residence, No. P.F.W. Clark St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 5 24

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

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) Several years back 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Co Mo13. NAME Garrett Littrell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Sarah Manning16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Hazel Littrell, Son (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Grove DATE Feb. 6 193719. UNDERTAKER Snow Funeral Home (ADDRESS) 215 S. 43rd20. FILED File 1937 GT Huntzinger Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 193722. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1936 to Feb. 4 1937

I last saw him alive on Jan 25 1937 Death is said to have occurred on the date stated above, at 9 a. m.

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

Chronic nephritis Date of onset

Other contributory causes of importance: 121

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 P.W. Young(Signed) Chas. W. Young, M. D.(Address) Clark Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

