

JAN 24 1938

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

Do not use this space.

7

1. PLACE OF DEATH

96
5
7
County St. Louis Registration District No. 785
Township Boonville Primary Registration District No. 3037
City Kirkwood No. 235A & Jefferson St. _____ Ward _____

File No. 46627
Registered No. 179

2. FULL NAME

(a) Residence, No. 235A & Jefferson 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1937, to Dec. 29, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31 - 1856

I last saw her alive on Dec. 29, 1937 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 38

to have occurred on the date stated above, at 3 A. m.

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

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

Broncho-pneumonia

measles

Date of onset
12-28-37
12-27-37

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 23

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Durham England

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Irene A. Brown
2350A E. Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Caligeville DATE Dec 20 1937

19. UNDERTAKER (ADDRESS) Louis H. Boyd
1214 Oregon Kirkwood Mo

20. FILED 12-29 1937 Agnes Kelly Registrar

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. S. West M. D.

(Address) 1011 Wood, Mo.

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.

