

REC'D JUN 22 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Merion  
Township Merion  
City Hannibal (No. \_\_\_\_\_)

Registration District No. 547  
Primary Registration District No. 3079

File No. 18825  
Registered No. 140  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. James W. Little St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Merion Co

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 <u>Male</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>Late Susan A.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 26 1832</u>		
7. AGE YEARS <u>99</u>	MONTHS <u>5</u>	DAYS <u>12</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
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. <u>Retired</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) <u>Palmyra</u> <u>Mo</u>		
FATHER	13. NAME <u>Benedict Little</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME <u>Elija Elder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT <u>Mrs Delia Tully</u> (ADDRESS) <u>Merion Co</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mary Cemetery</u> DATE <u>5-9-38</u>		
19. UNDERTAKER <u>James O'Donnell</u> (ADDRESS) <u>Hannibal Mo</u>		
20. FILED <u>May 10 1938</u> <u>W C Fisher</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 5 1938 to May 8 1938I last saw him alive on May 2 1938 Death is saidto have occurred on the date stated above, at 3:20 p.m.

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

Nephritis Chronic

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) A. P. Fisher, M. D.(Address) Hannibal Mo

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

