JUN 22 1938 REC'D JUL 7 1938

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

Do not use this space.

1. PLACE OF DEATH
County Saint Louis — Registration District No. 784 — File No. 23005
Township Carondelet — Primary Registration District No. 200 — Registered No. 1072
City ~~Jefferson Barracks~~ (No. Veterans Hospital St. Ward)

2. FULL NAME Erva LITTLE 340
(a) Residence, No. RR #1, Box 130, East St., Ward. E. Saint Louis, Illinois.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24, 1897

7. AGE: Years 40 — Months 7 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furnace Operator
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) Benton, Illinois

FATHER
13. NAME Charles Little
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Illinois

MOTHER
15. MAIDEN NAME Nancy Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Illinois.

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jeff. Bks., Mo. Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE June 22, 1938.

19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. & Livery Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED JUN 22 1938 T. R. Meyer M.D. Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1938, to June 21, 1938
I last saw him alive on June 21, 1938. Death is said to have occurred on the date stated above, at 3:53A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, far-advanced (C)	Unkn.

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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 C. W. Hughes
(Signed) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

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