

REC'D OCT 18 1938

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

31750
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 957
(c) City Saint Joseph (d) Street No. 1309 South 22nd St. St.
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Henry Littlewood

(a) Residence, No. 1309 South 22nd St St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 15, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Sept 15, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 12, 1870

I last saw him alive on Sept 15, 1938, 11A. m. Death is said to have occurred on the date stated above, at 11A. m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 8 3

Date of onset

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Huckster
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation.

Acute dilatation of the heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County, Missouri

Other contributory causes of importance:

Over exertion

FATHER

13. NAME W. H. Littlewood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England

MOTHER

15. MAIDEN NAME UNKOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England

Name of operation Date of
What test confirmed diagnosis? History Was there an autopsy? no

17. INFORMANT (ADDRESS) Mrs. Edith Wright
1309 South 22nd Street

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Memorial Park Sept. 19, 1938

Manner of injury
Nature of injury

19. FUNERAL DIRECTOR (ADDRESS) E. R. SIDENFADEN FUNERAL HOME
602 South 10th Street

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. N. V. Toop
(Address) 411 S. 1st St. St. Joseph, Mo.

20. FILED Sept 17, 1938 J. H. Littlewood
Local Registrar.

STATEMENT BY LICENSED EMBALMER

I, Theron O. Smith, Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. 3988 and by Mollie Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed

Theron O. Smith

Licensed Embalmer No. 3928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)