

1886 JAN 20 1938

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

44218
Do not use this space.

1. PLACE OF DEATH

(a) County Ralls. Registration District No. 727
(b) Township Saltriver Primary Registration District No. 3959
(c) City 1 (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

341 Bessie Little.
(a) Residence, No. Perry, Missouri. 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 6, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 5 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework.
9. Industry or business in which work was done, as saw mill, bank, etc. Home.
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) Perry, Missouri. 0

FATHER 13. NAME Legran Utterback.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Missouri. 0

MOTHER 15. MAIDEN NAME Heater Boulware.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Missouri. 0

17. INFORMANT (ADDRESS) Lanelda Stephens.
Ferry, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE DeMoss Chapell DATE 12/28 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clyde S. Wilkey
Perry, Missouri

20. FILED 12/28 1938 Clyde S. Wilkey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938, to Dec 26 1938
I last saw her alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

arteriosclerosis chronic nephritis
131
Date of onset _____
Other contributory causes of importance: hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Hypertension 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? No
If so, specify _____ (Signed) John E. Brown M. D.
654 (Address) Perry, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-985

Date Filed 1-16-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.