

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

Do not use this space.

38829

1. PLACE OF DEATH
 County Yall Registration District No. 372
 Town Bigelow Primary Registration District No. 5813
 Precinct West Bigelow (No. _____) St. _____ Ward _____
 2. FULL NAME Vidia Arthur Little
 (a) Residence, No. Bigelow, mo., St. Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. B. Little
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) Nov. 1, 1940 11. Total time (years) spent in this occupation 25 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison County Missouri
 FATHER 13. NAME Henry C. Walker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri
 MOTHER 15. MAIDEN NAME Francis Brooks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio County Kentucky
 17. INFORMANT W. B. Little
 (ADDRESS) Bigelow, Missouri
 18. BURIAL, CREMATION OR REMOVAL Present Ridge DATE Nov. 9, 1940
 19. UNDERTAKER Funeral Home
 (ADDRESS) Paris, Missouri
 20. FILED Nov 9 1940 Registrar J. E. Rogers

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1940 to Nov 4, 1940
 I last saw her alive on Nov 3, 1940. Death is said to have occurred on the date stated above, at 4 a. m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset _____
 Other contributory causes of importance: 94%
 Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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) J. E. Rogers M. D.
 (Address) 377 Second City mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

