

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

AUG 11 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. General Hospital) St. 3130 Ward

File No. 26387
Registered No. 3130

2. FULL NAME Gladys Little
(a) Residence, No. 1426 Charlotte St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

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) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1905
7. AGE YEARS 32 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17/37, 19____
22. I HEREBY CERTIFY That I attended deceased from _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Typhoid pneumonia
Date of onset _____

Other contributory causes of importance: 163.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.
13. NAME Fred. D. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkontown, Ks.
15. MAIDEN NAME Stella McKinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan, Mo.

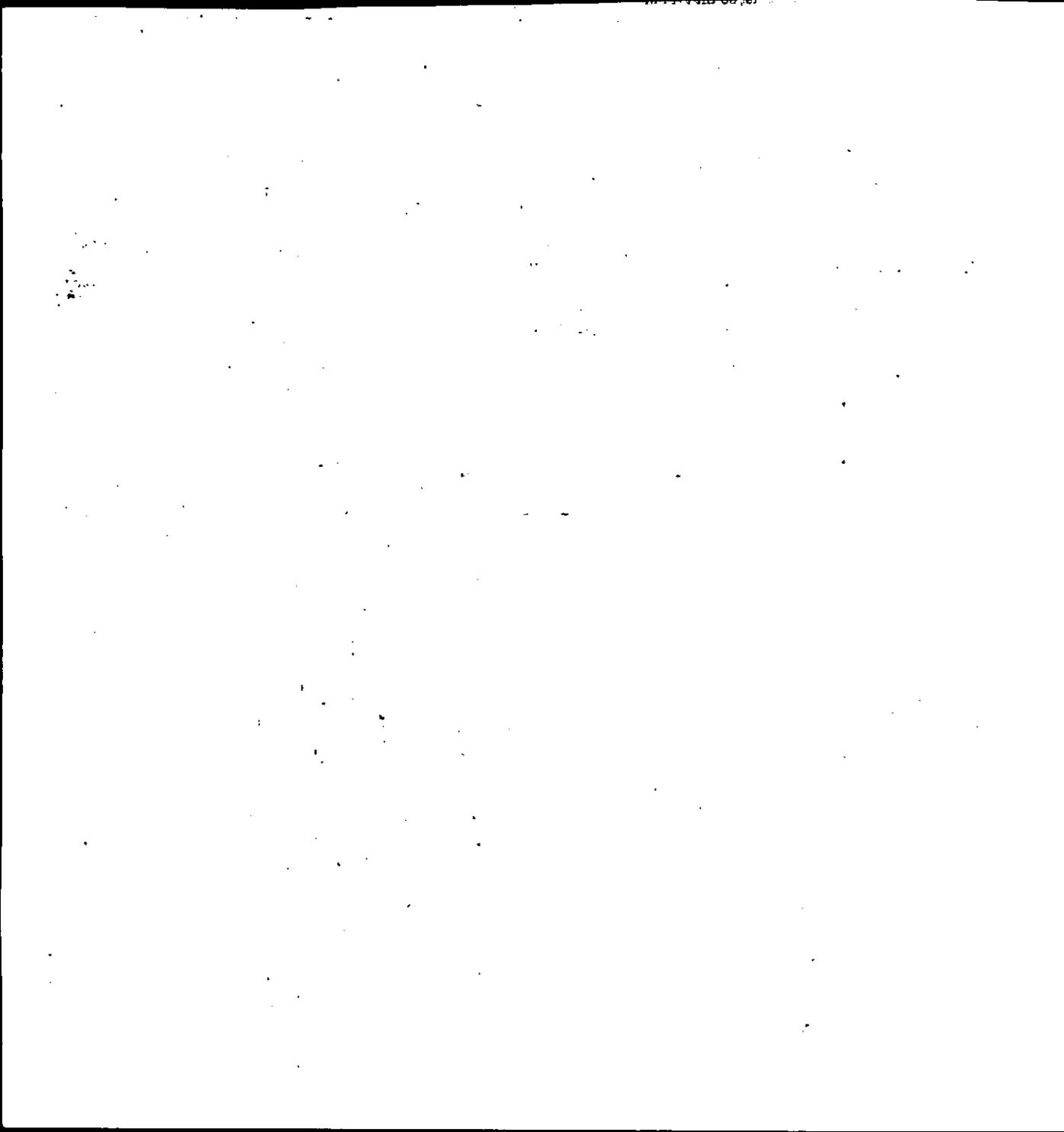
Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an _____

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? 1426 Charlotte _____
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury Death typhoid
Nature of injury _____

17. INFORMANT Mrs. Stella Woods (ADDRESS) St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Breenlawn DATE 7-21-37, 19____
19. UNDERTAKER Quirk and Tobin Company (ADDRESS) 20 W. Linwood
20. FILED July 22 1937 M. M. Browne Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature], M. D.
(Address) [Signature]

OCCUPATION
FATHER
MOTHER



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

26387
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township..... Primary Registration District No. 1002
(c) City J. C. Mo (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.

Registered No. 3100

2. PRINT FULL NAME Glady Little

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

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

I last saw h... alive on, 19... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 4 8

to have occurred on the date stated above, at..... m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

MOTHER 15. MAIDEN NAME

Manner of injury.....

Nature of injury.....

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) G. J. Little, M. D.

17. INFORMANT (ADDRESS)

(Address) J. C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/21, 1932 J. D. Brown Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-26387