

AUG 20 1937

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

Do not use this space.

26922

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 151
Township Coldivator Primary Registration District No. 4085
City Drexel (No. _____) St. _____ Ward _____

File No. _____
Registered No. 3

2. FULL NAME

(a) Residence, No. _____ 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-13, 1937

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

22. I HEREBY CERTIFY That I attended deceased from June-3, 1937 to July-13, 1937

Last saw her alive on July 13, 1937 Death is said to have occurred on the date stated above, at 11:20 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-14-1856

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.
80 9 29

Pneumonia Date of onset 7/6/37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household Duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) June 27, 1937
11. Total time (years, months, and days) spent in this occupation Life

Other contributory causes of importance: fall in home.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.13. NAME John Beets14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lemp, Mo.15. MAIDEN NAME Mary White16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Thoyne Holte18. BURIAL, CREMATION, OR REMOVAL PLACE Hilldale Cem DATE July-15-193719. UNDERTAKER (ADDRESS) J. B. Kay20. FILED 7/14-37 John S. Bundy RegistrarName of operation none Date of _____What test confirmed diagnosis? Clinical as 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 7-13-37Where 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) Brown & Payne D.(Address) Drexel, Mo.

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

107a

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

STANDARD FORM NO. 64

MEMORANDUM FOR THE DIRECTOR, FBI
FROM: SAC, [illegible]
SUBJECT: [illegible]

[illegible text]

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

Do not use this space.

14

1. PLACE OF DEATH

County Cass
Township Drexel
City Drexel No. _____

Registration District No. 157
Primary Registration District No. 4085

File No. 26927
Registered No. 3 Ward _____

2. FULL NAME

Flora Jane Hittle
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw him _____, 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: _____ Date of onset _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
80 9 29

OCCUPATION 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 _____

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

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/14/37 1937 John B. Bundy Registrar

Other contributory causes of importance: Fall in home trying to load trunk into car and box

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

23. If death was due to external causes (violence), fill in also the following: Accident, gunshot, homicide? _____ Date of injury June 27, 1937
Where did injury occur? In garage of home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall from roof on wood box
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify None worth
(Signed) John B. Bundy, M. D.
(Address) Drexel

SUPPLEMENTAL

186a

S-2692A