1929

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

Do not use this space.

11468

1. PLACE OF DEATH

County McDonald Registration District No. 1167 File No.

Township Center Primary Registration District No. 5690 Registered No. 3

City (No. St. Ward)

2. FULL NAME William B Little

(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

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 6 1860

7. AGE: Years 78 Months 11 Days 19 If LESS than 1 day, ...hrs. or ......min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K.Y.

PARENTS

10. NAME OF FATHER: Greenleaf Little

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): V.A.

12. MAIDEN NAME OF MOTHER: — Reves

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): K.Y.

14. INFORMANT: Louise Naylhart

(Address): Rocky Comfort

15. FILED Apr 1, 1929 E. Edmondson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1929, to Mar 25, 1929, that I last saw him alive on Mar 25, 1929, and that death occurred, on the date stated above, at 7 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia

108 1010 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. Cardwell M.D

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Union Cem

DATE OF BURIAL: Mar 27 1929

20. UNDERTAKER: Toguis Undertaker

ADDRESS: Wheaton