

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

Do not use this space.

38149

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 99 Ward

2. FULL NAME Infant of Frank & Irene Littleton

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18, 29 3:20 A M

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 6 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Richmond Mo.
(STATE OR COUNTRY) _____

PARENTS

10. NAME OF FATHER Frank Littleton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co. Mo.
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Irene Davidson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington Mo.
(STATE OR COUNTRY) _____

14. INFORMANT Frank Littleton
(Address) Richmond Mo.

15. FILED Nov 19, 29 E. E. Fay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18, 1929
9:20 A M

17. I HEREBY CERTIFY, That I attended deceased from 3:20 a.m. Nov 18, 1929 to 9:20 a.m. Nov 18, 1929 that I last saw h. or a. alive on Nov 18, 1929 and that death occurred, on the date stated above, at Richmond Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
159 7 months 6 days
(duration) yrs. mos. ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) E. E. Fay M. D.
. 19 (Address) Richmond Mo.

*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 City Cem. DATE OF BURIAL 11-19-29
19

20. UNDERTAKER A. W. Mansur Richmond Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should sign. Do not use this space.

