

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

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

Do not use this space.

1. PLACE OF DEATH  
 County.....  
 Township.....  
 City.....  
 B. 14810 Minnie Littleton  
 2. FULL NAME.....  
 (a) Residence, No. 3325 Pads St. 17 Ward. 1  
 (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.

FEB 8 1937 791  
 Registration District No. 1003  
 Primary Registration District No. City Hospital No. 1

File No. 3662  
 Registered No. 697  
 St. (Ward)

PERSONAL AND STATISTICAL PARTICULARS

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 RICHARD LITTLETON,  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 2 21  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk 235  
 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)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 13. NAME John Rupel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Ida Whitlidge  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT Hosp. Info. M. H. Kent (ADDRESS) City Hospital No. 1  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pocahontas, Mo., DATE JAN. 17, 1937  
 19. UNDERTAKER E. J. Schuur (ADDRESS) 312 S. Lafayette Ave.  
 20. FILED JAN 16 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14/37  
 22. I HEREBY CERTIFY That I attended deceased from 1/12/37 to 1/14/37  
 I last saw her alive on 1/14/37 Death is said to have occurred on the date stated above, at 7.02 p.m.  
 The principal cause of death and related causes of importance were as follows:  
 Diverticulum of sigmoid (perforated) Peritonitis, focalized Spontaneous perforations Cause of perforation  
 Other contributory causes of importance: 123  
 Name of operation Exploratory Peritonectomy Date of 1/14/37  
 What test confirmed diagnosis? Was there an autopsy? yes  
 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?  
 If so, specify  
 (Signed) J. Bredeck M. D.  
 (Address) City Hospital No. 1

