

JAN 15 1936

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

Do not use this space.

194  
28

1. PLACE OF DEATH

County Boone  
Township Bowdon  
City Sturgeon

Registration District No. 79  
Primary Registration District No. 4049

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Amanda Francis Littrell

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>H</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> (OR) WIFE OF <u>George Littrell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2 1848</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS than 1 day, .... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Audrain Co. Mo.</u>		
FATHER	13. NAME <u>Thomas Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doniphan Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Francis Parks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doniphan Mo.</u>	
17. INFORMANT <u>Brown, Littrell</u> (ADDRESS) <u>Sturgeon Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Pugh</u> DATE <u>Jan. 8 1936</u>		
19. UNDERTAKER <u>Barnes &amp; Boothe</u> (ADDRESS) <u>Sturgeon Mo.</u>		
20. FILED <u>Jan. 7, 1936</u> <u>G. N. Gutz</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936 to Jan 5 1936  
I last saw her alive on Jan 5 1936 Death is said to have occurred on the date stated above, at 8:10 a. m.  
The principal cause of death and related causes of importance were as follows:  
Fracture of surgical neck of femur (left)  
Complete paraplegia lower part body  
Date of onset

Other contributory causes of importance:

Name of operation 1936 Date of 1936

What test confirmed diagnosis? 1936 Was there an autopsy? 1936

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? fall Date of injury 1/2, 1936  
Where did injury occur? at home  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fracture of hip  
Nature of injury 1936

24. Was disease or injury in any way related to occupation of deceased? 1936  
If so, specify 1936  
(Signed) W. A. Robinson, M. D.  
(Address) Sturgeon Mo.

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.

