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Lorin Amasa Little

SEP 19 1958 UTAH CERTIFICATE OF DEATH 58 27 0050

REGISTRATION NO. 4117 STATE FILE NO.

This is a legal record and will be permanently filed.

Write plainly.

Use Typewriter or Handing Ink.

All Data to be complete and accurate.

Physician must sign Personally.

Send original Certificate to local Registrar immediately.

Physicians should State Cause of Death in plain terms.

Funeral Director's No. 155

Embalmer's No. 389

1. PLACE OF BIRTH a. COUNTY <u>Washington</u> b. CITY, TOWN OR LOCATION <u>St George</u>		2. SOCIAL RESIDENCE (When Annual Report) a. STATE <u>Utah</u> b. CITY, TOWN OR LOCATION <u>Washington</u>	
3. LENGTH OF STAY IN b. <u>St George</u>		4. STREET ADDRESS <u>1124</u>	
5. NAME OF INSTITUTION (If marks hospital, give street address) <u>615 East 100th</u>		6. IS RESIDENT IN THIS CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
7. IS RESIDENT ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8. DATE DECEASED (Type or print) <u>Sept. 11 1958</u>	
9. SEX <u>Male</u> RACE <u>White</u>		10. DATE OF BIRTH <u>April 26 1864</u>	
11. OCCUPATION (Give time if work done during night or working hrs. mark if retired) <u>herstock</u>		12. USIA <u>USIA</u>	
13. MOTHER'S NAME <u>James A Little</u>		14. FATHER'S NAME <u>Matilda Baldwin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>Henry Pickett Little</u>	
17. CAUSE OF DEATH (State only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: a. IMMEDIATE CAUSE <u>massive cerebral hemorrhage</u> b. INTERMEDIATE CAUSE <u>Chronic myocardial insufficiency</u> c. UNDERLYING CAUSE <u>generalized arteriosclerosis</u> PART II. OTHER IMPORTANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in Part I.) <u>Senility</u>			
18. ACCIDENT? <input type="checkbox"/> SUICIDE? <input type="checkbox"/> HOMICIDE? <input type="checkbox"/>			
19. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of line 18.) <u>none</u>			
20. TIME OF DEATH (Hour, Minute, Day, Year) <u>none</u>		21. PLACE OF INJURY (a, b, or c) (If other than home, farm, factory, street, other building, etc.) <u>September 11 1958</u>	
22. I attended the deceased from <u>September 11 1958</u> to <u>September 11 1958</u>		23. DEATH OCCURRED AT <u>1124</u> on the date stated above and in the best of my knowledge from the causes stated	
24. SIGNATURE (Name or Print) <u>Worford Reichmann M.D.</u>		25. ADDRESS (House or Office) <u>22 N. 2nd Street St George Utah</u>	
26. NAME, GRADE, AND DATE OF EXPIRATION OF LICENSE <u>Sept 13 1958</u>		27. NAME OF COUNTY OR CREATOR <u>Washington</u>	
28. LOCAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Shirley J. Galt St George</u>		29. DATE MADE BY LOCAL REG. <u>Sept 17 1958</u>	
30. REGISTRAR'S SIGNATURE <u>W. M. Galt</u>		31. LOCATION (City, town, or county) <u>St George, Washington</u>	

Attached to in this tree



Lorin Amasa Little

1864 - 1958

Other trees this object is saved to

Riggs Tree by Maggie

by maggie3549 on 8 May 2011

My Riggs Family Tree

by KVan1694 on 1 Jul 2012

DeLl Family Tree

by ginnydell11 on 8 Feb 2011

VanWagenen Family Tree

by KVan1694 on 30 Dec 2010

renewcheryIH added this on 2 Apr 2010

Category Type: Document / Certificate

State of Utah Death Certificate

[Transcription of text in document](#)