

L-340

3313

DISTRICT No. 451 COUNTY No. 16 DISTRICT No. 41 021864

1. FULL NAME **GEORGE LEONARD LITTLE**

2. PLACE OF DEATH: (A) COUNTY **Butte**  
(B) CITY OR TOWN **Gridley**  
(C) NAME OF HOSPITAL OR INSTITUTION **One**  
**925 926 California St.**  
(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)  
IN HOSPITAL OR INSTITUTION **None**  
IN THIS COMMUNITY **20 yrs.** IN CALIFORNIA **20 yrs.**  
(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. **Life** YEARS

3. USUAL RESIDENCE OF DECEASED:  
(A) STATE **California**  
(B) COUNTY **Butte**  
(C) CITY OR TOWN **Gridley**  
(D) STREET NO. **925 926 California**

3. (A) IF VETERAN, NAME OF WAR **None**  
3. (B) SOCIAL SECURITY NO. **None**  
4. SEX **Male** 5. COLOR OR RACE **White**  
6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**  
6. (B) NAME OF HUSBAND OR WIFE **Clara T. Little**  
6. (C) AGE OF HUSBAND OR WIFE IF ALIVE **80** YEARS

20. DATE OF DEATH: MONTH **April** DAY **26**  
YEAR **1941** HOUR **Five** MINUTE **45 AM**

21. MEDICAL CERTIFICATE  
I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **3-29-41** TO **4-26-41** THAT I LAST SAW HIM ALIVE ON **3-29-41** AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE  
I HEREBY CERTIFY THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.

7. BIRTHDATE OF DECEASED **April 29 1858**  
8. AGE **82** YRS. **11** MOS. **27** DAYS IF LESS THAN ONE DAY OLD

IMMEDIATE CAUSE OF DEATH **Heart failure**  
DUE TO **Chronic myocarditis**

9. BIRTHPLACE **Provo, Utah**  
10. USUAL OCCUPATION **Retired Farmer**  
11. INDUSTRY OR BUSINESS **Farming**  
12. NAME **Jesse C. Little**  
13. BIRTHPLACE **New Hampshire**  
14. MAIDEN NAME **Sarah Greenitch**  
15. BIRTHPLACE **New Hampshire**  
16. (A) INFORMANT **Morgan Little**  
(B) ADDRESS **Gridley, California**

OTHER CONDITIONS (INCLUDE PROMINENT WITHIN THREE MONTHS OF DEATH) **Chronic nephritis**  
MAJOR FINDINGS OF OPERATIONS **None** DATE OF OPERATION **None**  
OF AUTOPSY **None**  
PHYSICIAN **Wm. J. Price**

17. (A) **Cremation** (B) DATE **April 29-41**  
(C) PLACE **Sierra View Memorial Park**  
18. (A) EMBALMER'S SIGNATURE **W. W. Price** LICENSE No. **2477**  
(B) FUNERAL DIRECTOR **W. W. Price**  
ADDRESS **Gridley, California**  
By **W. W. Price**

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:  
(A) ACCIDENT, SUICIDE, OR HOMICIDE? (B) DATE OF INJURY  
(C) WHERE DID INJURY OCCUR? CITY OR TOWN COUNTY STATE  
(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? SPECIFY TYPE OF PLACE WHILE AT WORK?  
(E) NATURE OF INJURY

19. (A) **4/29/41** DATE FILED (B) **Leonard B Chase** REGISTRAR'S SIGNATURE

24. CORONER'S OR PHYSICIAN'S SIGNATURE **W. W. Price**  
ADDRESS **Gridley, California** DATE **4/29/41**