

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

Do not use this space.

16282

PLACE OF DEATH

County..... Buchanan
Township.....
City..... St. Joseph, (No. 3001 No. 10th. St.)

Registration District No. 85
Primary Registration District No. 1001

File No.....
Registered No. 682 St. Ward)

2. FULL NAME

Levi Butler

(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 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Alice Butler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 8, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.

PARENTS

10. NAME OF FATHER Lindsey Butler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Rebecca Bowen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

14. INFORMANT Mrs. Alice Butler (Address) 3001 No. 10th. St.

15. FILED MAY 25 1928 19 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 24, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from May 23 1928, to May 24 1928, and that I last saw him alive on May 24 1928, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

CONTRIBUTORY (SECONDARY) Unknown

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) O. S. Bleavins, M. D.
5/26, 1928 (Address) 3124 St. Joseph Avenue, Springfield, 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 Thornton Cemetery DATE OF BURIAL May, 27, 1928

20. UNDERTAKER Walter Meierhoffer ADDRESS 1302 Faraon St.

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.

