

SEP 24 1928

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

Do not use this space.

26516

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Towship \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. Noyes Hospital.) File No. \_\_\_\_\_  
Registered No. 997 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Earnest Jewell Butler  
(a) Residence. No. 3001 No. 10th. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Margaret V. Butler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 25, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
36      1      22

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Painter & Decorator  
(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) Clarksdale, Mo.

10. NAME OF FATHER Levi Butler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co, Mo.

12. MAIDEN NAME OF MOTHER Frances E. Thornton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale, Mo.

14. INFORMANT Mrs. Margaret V. Butler  
Address 3001 No. 10th. St.

15. FILED 20 1928  
John G. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 17, 1928 19  
17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Aug 17, 1928  
that I last saw him alive on Aug 16, 1928 and that death occurred, on the date stated above, at 6:30 A.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronch. Pneumonia

CONTRIBUTORY (SECONDARY) 1011 / 1000 yrs. mos. da.

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? Physical Exam  
(Signed) J. Mangrum, M. D.  
Aug 17, 1928 (Address) 223 3rd

\*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 Aug, 19, 19 28

20. UNDERTAKER Walter Meichoffe ADDRESS 1302 Faraon St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

