

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.

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

1 PLACE OF DEATH

County

Jackson  
Haw

Township

or

Village

or

City

Ma (No 624 Cambridge / 6 Ward)  
Maryore Irene Butler

Registration District No.

File No.

4015

Primary Registration District No.

Registered No.

35092

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe 4 COLOR (OR RACE) W. 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH July 14 1917  
(Month) (Day) (Year)

7 AGE 22 yrs. 29 mos. 29 ds.  
If LESS than 1 day, hrs. or min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Stone  
(b) General nature of industry business, or establishment in which employed (or employer) Stone

9 BIRTHPLACE  
(City or town, State or foreign country) Mo

PARENTS  
10 NAME OF FATHER Ira D. Butler  
11 BIRTHPLACE OF FATHER Ill  
(City or town, State or foreign country)  
12 MAIDEN NAME OF MOTHER Dorothy Curry  
13 BIRTHPLACE OF MOTHER Mo  
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs Butler  
(Address) 624 Cambridge

15 Filed 11/14/17, 1917. Ed. H. Martin Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 13 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 13, 1917 to Oct 13, 1917 that I last saw her alive on Oct 12, 1917 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH\* was as follows:  
Broncho Pneumonia

(Duration) 7 yrs. 10 mos. 10 da.  
CONTRIBUTORY Whooping cough  
(Secondary) (Duration) 3 yrs. 3 mos. — da.  
(Signed) Ed. H. Martin  
Oct 13, 1917. (Address) 6700 West Park Blvd

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 2 yrs. 29 mos. 29 ds. In the State 2 yrs. 29 mos. 29 ds.  
Where was disease contracted if not at place of death? X  
Former or usual residence X

19 PLACE OF BURIAL OR REMOVAL Calumet DATE OF BURIAL 10-14, 1917

20 UNDERTAKER Woods & Co ADDRESS 15th & Jackson

