LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

43830

1 PLACE OF DEATH

County: Shelby

Township or Village or City: Jefferson

Registration District No. 360 File No.

Primary Registration District No. 6094 Registered No.

(NO. , St.; Ward)

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

2 FULL NAME: Imaguene Butner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Baby

6 DATE OF BIRTH: Nov 28, 1918 (Month) (Day) (Year)

7 AGE: yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country): Shelby Co

PARENTS

10 NAME OF FATHER: Otto Butner

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Shelby Co

12 MAIDEN NAME OF MOTHER: Lettie Larrick

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Shelby Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. Larrick
(Address): Clarence

15 Filed Nov. 29, 1918 J. A. Hyatt Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 28 (Month) (Day), 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov. 28th, 1918, to Nov 28, 1918, that I last saw her alive on Nov 28, 1918, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Lues

34 37

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. A. Hyatt M. D.

Nov 29, 1918 (Address) Clarence Mo

*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 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lawson Cemetery DATE OF BURIAL: Nov 30, 1918

20 UNDERTAKER: [illegible] ADDRESS: Clarence Mo

N. B.—Every item must be filled in. CAUSE OF DEATH in plain terms, so that it may

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or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City ..... (NO. ....., ... St.; ..... Ward)

[If death occurred i
hospital or institut
give its NAME inst
of street and numbe

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

6 DATE OF BIRTH

..... (Month) ..... (Day), 1..... (Year)

7 AGE ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

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

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

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15

Filed ....., 191....., ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

..... (Month) ..... (Day), 191..... (Ye

17 I HEREBY CERTIFY, that I attended deceased fi

....., 191....., to ....., 191..

that I last saw h..... alive on ....., 191..

and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ..... yrs. ..... mos. .....

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. .....

(Signed) ..... M

....., 191..... (Address) .....

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At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. .....

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	....., 191.
20 UNDERTAKER	**ADDRESS**