

SEP 29 1927

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

Do not use this space.

1. PLACE OF DEATH

County Butte
Township Fisk
City Pauline (No. Pauline)

Registration District No. 925
Primary Registration District No. 5134

File No. 20800^a
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Alfoida Buttreay
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Fisk Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Paul Buttreay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gray Mo
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Raney Baldwin

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

14. INFORMANT Paul Buttreay
(Address) Fisk Mo

15. FILED 17 1927 Vincent Cheek
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1927

17. I HEREBY CERTIFY, That I attended deceased from 6/20 1927, to 7-18 1927, and that I last saw her alive on 7/10 1927, and that death occurred, on the date stated above, at 9:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Indigestion

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. L. Greathouse, M. D.

, 19 (Address) Fisk 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 DATE OF BURIAL

Ash Hills July 12 1927
20. UNDERTAKER J. J. Frank ADDRESS P. B. Mo

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.

