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.

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

Do not use this space.

30446

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson — Registration District No. 399 — File No. 3053
Township Raw — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. U. S. Veterans Hosp. St. Ward)

2. FULL NAME BUTTOMER, Joseph Claude — C-None
(a) Residence. No. 2631 Chestnut, St., 14 Ward. Cpl. 137th Ambulance Co. (If not resident give city or town and State)
(Usual place of abode) Kansas City, Missouri. 35th Div.
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.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-17-1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	29	11	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Fire Prevention Inspector.
(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) Missouri

PARENTS
10. NAME OF FATHER William Buttomer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Faye Buttomer (wife)
(Address) Dallas, Texas

15. FILED 10/20, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from October 4, 1927, to October 19, 1927, that I last saw him alive on October 19, 1927, and that death occurred, on the date stated above, at 8:30 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chr. (probably syphilitic)
34
93C 78
133D
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Wound Nephrectomy (left) unhealed.
(duration) yrs. mos. ds.

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? Laboratory
(Signed) [signature], M. D
E. J. ROSE, Medical Officer in Charge
U.S.V. Hosp. #67 Kansas City, Mo.
(Address)

*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 Pleasant Hill, Mo. — DATE OF BURIAL 10/22 1927

20. UNDERTAKER J. Donnell Co — ADDRESS 3742 Main