

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

Do not use this space.

37639E

1. PLACE OF DEATH

County Wayne
Township Verona
City Verona Mo (No.) St. Ward)

Registration District No. 598
Primary Registration District No. 4355

File No.
Registered No. 5
St. Ward)

2. FULL NAME

(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. (If nonresident give city or town and State)

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 Jane Mc Ginnis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 8th 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 8 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Francis Butler

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

12. MAIDEN NAME OF MOTHER Elise Thomas

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

14. INFORMANT Jas Butler (Address) Excelsior Springs

15. FILED 12-22-27 H. N. Lutman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 1, 1927, to Dec 24, 1927 that I last saw him alive on Dec 22, 1927, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberc disease
of heart mitral

CONTRIBUTORY (SECONDARY) arterial sclerosis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED PA IF NOT AT PLACE OF DEATH 97

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical (Signed) A. J. Gunn, M. D.

(Address) 12-25-27 Versailles 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 Forest Hill K.C. Mo DATE OF BURIAL Dec 25 1927

20. URBERTAKER Edwell Versailles Mo ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

MAR 29 1928

