

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

Do not use this space.

17257

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Manassas Mo (No. 2333) Mountain (Pl)

File No. _____
 Registered No. 10000
 St. _____ Ward) _____

2. FULL NAME

Kate Butler
 (a) Residence. No. 2333 Mountain St., 3 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Butler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 | 4 | 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (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)

Mo

PARENTS

10. NAME OF FATHER No Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Frank Brown
 (Address) 2333 Mountain

15. FILED May 21 1928 Wm. Grove
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1928

17. I HEREBY CERTIFY That I attended deceased from May 18 1928 to May 19 1928
 that I last saw alive on May 18 1928 and that death occurred, on the date stated above, at 8:57 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus

4 6 4 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pertinitis
 (duration) yrs. mos. 3 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 Clinical
 (Signed) D. P. Klepinger M.D.
May 20 1928 (Address) 2322 Summit St.

*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 Maple Hill DATE OF BURIAL 5/24/1928

20. UNDERTAKER Ms. C. L. Sauter ADDRESS City

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.

2320 Summit
H-3699-

12:11:00