

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

Do not use this space.

21288

1. PLACE OF DEATH

County Miss Registration District No. 576 File No. \_\_\_\_\_  
Township Imperial Primary Registration District No. 5762 Registered No. 39  
City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Logan Butler  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
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 M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 8 \_\_\_\_\_

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Belmont  
(STATE OR COUNTRY) MO

10. NAME OF FATHER Alie Butler

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

12. MAIDEN NAME OF MOTHER Ant Lena Hunter

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

14. INFORMANT Nichol Butler  
(Address) Charleston MO

15. James P. Vannon  
FILED \_\_\_\_\_ 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1928  
17. \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to Jan 10, 1928 that I last saw him alive on May 22, 1928 and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Syphilis Entering left side of face Entering out  
3 1/2 (duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED etc  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Geo R. Lu, M. D.

, 19 (Address) Charleston 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 Oak Grove Cemetery DATE OF BURIAL 6/1 1928

20. UNDERTAKER The Linn Undert Co ADDRESS Charleston MO

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.

PARENTS

