

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

Do not use this space.

23074

1. PLACE OF DEATH

County St. Charles

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. 3111)

Felip

File No.

Registered No. 980

St.

Ward)

2. FULL NAME

Mary A. Butcher

(a) Residence. No. 3114 Felip Street St.

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

widowed

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

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

Mar 1 - 1841

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ___ hrs. or ___ min.

87

4

19

8. OCCUPATION OF DECEASED

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

Home

(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)

Quincy, Illinois

10. NAME OF FATHER

William Alder

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown Virginia

12. MAIDEN NAME OF MOTHER

Matilda M. Nutt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Quincy, Illinois

14.

INFORMANT

Virginia Butcher

(Address)

3114 Felip

15.

FILED

23 1928

John G. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 20 1928

17.

HEREBY CERTIFY, That I attended deceased from 7-10 1928, to 7-20 1928 that I last saw h. er alive on 7-19 1928, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

930 Myocarditis Chronic
97

(duration) 5 yrs.

CONTRIBUTORY (SECONDARY)

Atherosclerosis

(duration) 15 yrs.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

no

DATE OF

20. WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. J. Gummy, M. D.

7/21, 1928 (Address) St. Joseph 7th

*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

Bethany Missouri

July 22 1928

20. UNDERTAKER

ADDRESS

Fleeman Funeral Home 1208 3rd

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.

RECORD WITH ORIGINALS IN THIS IS A PERMANENT RECORD

AUG 2 1

928

