

SEP 24 1928

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. 118 West Valley St. Ward)

File No. 26483  
Registered No. 959

2. FULL NAME

Johnathan Ross Button  
(a) Residence No. Halleck, Mo 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11, 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>9</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Halleck  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Johnathan Button

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

12. MAIDEN NAME OF MOTHER Opal P. Smith  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) McCall  
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Ethel Smith  
(Address) 118 West Valley St

15. FILED 10 1928  
John H. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1928, to Aug 9, 1928 that I last saw him alive on Aug 8, 1928, and that death occurred, on the date stated above, at 3:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Intestinal Indigestion  
Improper feeding 1:06  
1:59  
14 ds.

CONTRIBUTORY (SECONDARY) 1136

18. WHERE WAS DISEASE CONTRACTED Halleck Mo  
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None  
(Signed) W. Rayn Moore, M. D  
Aug 10 1928 (Address) St Joseph, 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 Halleck Cemetery DATE OF BURIAL Aug 11 1928

20. UNDERTAKER E. R. Sidenfaden ADDRESS 602 So. 10

R. E.—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.

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