

SEP 24 1928

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

Do not use this space.

26516

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. Noyes Hospital.)

File No.

Registered No. 997

St. _____ Ward

2. FULL NAME

Earnest Jewell Butler

(a) Residence. No. 3001 No. 10th. St. _____ 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. da.

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

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 or (or) WIFE of

Margaret V. Butler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 25, 1892

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

36

1

22

8. OCCUPATION OF DECEASED

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

Painter & Decorator

(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)

Clarksdale, Mo.

10. NAME OF FATHER

Levi Butler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Buchanan Co, Mo.

12. MAIDEN NAME OF MOTHER

Frances E. Thornton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Clarksdale, Mo.

14.

INFORMANT

Mrs. Margaret V. Butler

(Address)

3001 No. 10th. St.

15.

FILED

20 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 17, 1928 19

17.

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Aug 17, 1928 that I last saw him alive on Aug 16, 1928 and that death occurred, on the date stated above, at 6.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronch. Pneumonia

CONTRIBUTORY (SECONDARY)

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: Physical Exam

(Signed) J. K. ... M. D.

Aug 17, 1928 (Address) ...

*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

Thornton Cemetery

DATE OF BURIAL

Aug, 19, 19 28

20. UNDERTAKER

Walter Meichoffe

ADDRESS

1302 Faraon St.

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.

