NOV 22 1928

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

Do not use this space.

33461

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township Blue Indep. Mo — Primary Registration District No. 5554
City Spring Branch Route 3 (No. ..... St. ..... Ward)
File No. .....
Registered No. 357

2. FULL NAME Ada A. 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 0 yrs. 2 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas R Butler
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 5, 1859
7. AGE: Years 69 | Months 5 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Kalamazoo
(STATE OR COUNTRY): Michigan

PARENTS
10. NAME OF FATHER: Jacob Chamberland
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): England.

14. INFORMANT: William S. Butler
(Address): Spring Branch Route 3
15. FILED 10/11 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 9, 1928
17. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1928, to Oct 9, 1928 that I last saw her alive on Sept 24, 1928, and that death occurred, on the date stated above, at 12 45 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis
(duration) 1 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) 1 2 9 W
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Pittsburg Kans
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas Reeves, M. D
10/9, 1928 (Address) Indep. 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: Pittsburg Kansas
DATE OF BURIAL: 10/12 1928
20. UNDERTAKER: C. D. Carson & Son, Indep. Missouri
ADDRESS

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.