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.

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

Do not use this space.

34366

File No. .....

Registered No. 122

1. PLACE OF DEATH

County: Pemiscot

Township: Cardwell

City: ..... (No. ..... St. ..... Ward)

Registration District No. 653

Primary Registration District No. 5865

2. FULL NAME: Lula B. Butts

(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: Female

4. COLOR OR RACE: Black

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): April 17, 1919

7. AGE: Years 9 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Marks
(STATE OR COUNTRY): Miss.

PARENTS

10. NAME OF FATHER: Erwin Butts

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Marks
(STATE OR COUNTRY): Miss.

12. MAIDEN NAME OF MOTHER: Francis Bodcock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Marks
(STATE OR COUNTRY): Miss.

14. INFORMANT: W. A. Austin
(Address): Hayti, Mo.

15. FILED 11-2-, 1928 J. W. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 31, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927, to Oct. 31, 1928 that I last saw her alive on Oct. 29, 1928, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

(duration) 1 yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY): .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Johnson, M. D.

11-2-, 1928 (Address) Hayti, 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: Russell Farm

DATE OF BURIAL: 11-2-1928

20. UNDERTAKER: Oscar Buchanan

ADDRESS: Hayti, Mo.