JAN 23 1929

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

Do not use this space.

40142

1. PLACE OF DEATH
County Franklin
Township Washington
City Washington (No. ..... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 2016

File No. .....
Registered No. 104

2. FULL NAME Frederich Herman Butt
(a) Residence. No. Corner 7th & Hooker Street St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 80 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 21-1848

7. AGE: Years 80 | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Cabinet Maker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lippe-Detmold
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Herman Butt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Hanover Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Hanover Germany

14. INFORMANT Mrs Amanda Butt Hammer
(Address) Washington Mo

15. Filed Jan 2, 1928 O. R. Nunnich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1928, to Dec. 31, 1928, that I last saw him alive on Dec. 30, 1928, and that death occurred, on the date stated above, at 3:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chron. Interstitial Nephritis
131
95B
129a
(duration) 1 yrs. 6 mos. - ds.

CONTRIBUTORY (SECONDARY) Acute dilatation of Heart
(duration) - yrs. - mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature], M. D
1/ 1/, 1929 (Address) Washington, 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: St Peters Cemetery | DATE OF BURIAL: Jan 2nd 1929 19

20. UNDERTAKER: Otto & Co by Geo H Otto | ADDRESS: Washington Mo.

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.