

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

Do not use this space.

1998

**1. PLACE OF DEATH**

County Jasper Registration District No. 40 F  
 Township Em Jackson Primary Registration District No. W 563 U  
 City Carthage (No. ....) St. .... Ward)

File No. ....

Registered No. ....

**2. FULL NAME**

Daniel Butts  
 (a) Residence. No. Courtesy Farm 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 M. 4. COLOR OR RACE W 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) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

10. NAME OF FATHER Thomas Butts

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

12. MAIDEN NAME OF MOTHER Mary Butts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

14. INFORMANT Jud. Howells  
 (Address)

15. FILED 1/17, 1929 CCU Ketchum  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12, 1929

I HEREBY CERTIFY That I attended deceased from Jan 2, 1929 to Jan 12, 1929 that I last saw him alive on Jan 11, 1929, and that death occurred, on the date stated above, at Carthage, Mo.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Brights

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. E. Palmer, M. D.

, 19 (Address) Carthage, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

County Farm Jan 16, 1929  
 20. URDERTAKER Knell Mathewy Carthage  
 ADDRESS

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.

B-22 1929

23  
31  
31  
31

