

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

Do not use this space.

14132

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.

20
MAY 24 1929

1. PLACE OF DEATH
 County Bedon Registration District No. 163
 Township Box Primary Registration District No. 5228
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William M Butcher
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1834

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>94</u>	<u>7</u>	<u>0</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (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) Mo

PARENTS

10. NAME OF FATHER Mose Butcher

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

12. MAIDEN NAME OF MOTHER Sarah R. Lynn

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

14. INFORMANT J. M. Stogsdill
 (Address) El Dorado Spgs, Mo.

15. FILED 4-17-1929 J. W. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. HEREBY CERTIFY, That I attended deceased from Apr 16 - 1929, to Apr 16 - 1929 that I last saw him alive on Apr 16 - 1929, and that death occurred, on the date stated above, at P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart insufficiency
94%

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

CONTRIBUTORY (SECONDARY) 94%
 (duration) _____ yrs. _____ mos. _____ ds.

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? clinical
 (Signed) J. W. Dawson, M. D.
4-17-1929 (Address) El Dorado Spgs

*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 Sandridge Cem DATE OF BURIAL Apr 17 1929

20. UNDERTAKER J. B. Napier - El Dorado Spgs. ADDRESS _____

