

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

Do not use this space.

18540

**1. PLACE OF DEATH**

City Butter, Mo. Registration District No. 2002 File No. 18540  
 County Butter Primary Registration District No. 815 Registered No. 235  
 City (No. 815 Butter, Mo. Ward)

**2. FULL NAME**

(a) Residence. No. James Jarue St. Butter Ward. 1  
 (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 Magred 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Magred

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 6 8 7

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. house-woje  
 (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) Butter, Mo.

10. NAME OF FATHER no record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER no record

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

14. INFORMANT James Jarue  
 (Address)

15. FILED 5-31-1929 Dr. Bellark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1929

17. I HEREBY CERTIFY, That I attended deceased from May 24 1929 to May 29 1929 that I last saw her alive on May 29 1929 and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral  
82H hemorrhage  
97 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) arteriosclerosis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF  
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) A. H. Wanchester  
5-31-1929 (Address) Joplin, 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 DATE OF BURIAL  
Butter, Mo. 5-1 1929

20. UNDERTAKER ADDRESS  
Wanchester & Joplin

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.

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 238  
 31  
 31

