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

Do not use this space.

1676

1. PLACE OF DEATH

County Johnson.
Township Centerview
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 5589

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

2. FULL NAME Harlin. G. Buthe.

(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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec.11,1919.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
10	1	12.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

73A
110C

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Johnson Co. Mo.

PARENTS

10. NAME OF FATHER Glen Buthe.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Clark Co. Mo.
12. MAIDEN NAME OF MOTHER Katherine White.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Johnson Co. Mo.

14. INFORMANT Glen Buthe.
(Address) Warrensburg. Mo.

15. FILED Jan 28 1930 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23.1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1929, to Jan 23, 1930 that I last saw him alive on Jan 17, 1930, and that death occurred, on the date stated above, at 11,15. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sprenic Anemia
with repeated Hemorrages
of stomach
(duration) ..... yrs. ..... mos. ..... ds.

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

58131

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? —

(Signed) John T Anderson, M. D.
, 19 (Address) Warrensburg 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
Jacoby Chapel Cem.	Jan.25 1930.

20. UNDERTAKER	ADDRESS
R. Q. Phillips. Warrensburg. 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.