

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

Do not use this space.

11631

**1. PLACE OF DEATH**

County Butler  
Township \_\_\_\_\_  
City Butler (No. \_\_\_\_\_)

Registration District No. 50  
Primary Registration District No. 3004

File No. \_\_\_\_\_  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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)**  
Divorced

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** March 24 1850

**7. AGE**

YEARS 80

MONTHS 0

DAYS 11

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Dish Washer  
(b) General nature of industry, business, or establishment in which employed (or employer). at Lunch Counter  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) England

**10. NAME OF FATHER**

Don't Know

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't Know

**12. MAIDEN NAME OF MOTHER**

Don't Know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Don't Know

**14.**

INFORMANT T a Black  
(Address) Butler mo

**15.**

FILED 4/5, 1930 Nena L Culver  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**15. DATE OF DEATH (MONTH, DAY AND YEAR)** April 5 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Apr 4, 1930  
Apr. 4 to Apr. 5, 1930, 19\_\_\_\_,  
that I last saw him alive on Apr. 5, 1930, and that  
death occurred, on the date stated above, at 7 A m.

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

Peritonitis  
122 B  
129

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY** InPaction of bowels.  
(SECONDARY)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) G. H. H. H. M. D.

4/5, 1930 (Address) Butler, 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**

Wick Hill

**DATE OF BURIAL**

April 9 1930

**20. UNDERTAKER**

Culver

**ADDRESS**

Butler 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.

MAY 22 1930

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