MAY 27 1930

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

Do not use this space.

~~13696~~ 13685

File No.

Registered No. 328

1. PLACE OF DEATH

County Randolph — Registration District No. 735

Township — Primary Registration District No. 3034

City Moberly (No. 808 Cleveland St. Ward)

2. FULL NAME Louis L. Butler

(a) Residence. No. 808 Cleveland 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16th 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	21	5	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 17

(c) Name of employer 3

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

PARENTS

10. NAME OF FATHER Charles Butler

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

12. MAIDEN NAME OF MOTHER Russell Leavene

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

14. INFORMANT Agnes Butler. (Address) Moberly Mo.

15. FILED 5-1, 1930 Dr Thos. S. Fleming REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30th 1930

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1930, to April 30, 1930, that I last saw him alive on April 30, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Overdose of medicine containing arsenic non suicidal + not administered by me but given in treatment for suspected Syphilis (duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF 4

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms & history

(Signed) H. C. Griffiths, M.D

5-1st, 1930 (Address) Moberly 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 Moberly, Mo — DATE OF BURIAL May 2nd 1930

20. UNDERTAKER Mahan and Son — ADDRESS Moberly Mo

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.