

NOV 28 1930

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

Do not use this space.

35087

1. PLACE OF DEATH

County Scott Registration District No. 581
Township Hopkins Primary Registration District No. 6070
City Sikeston (No. 4553) St. _____ Ward _____

File No. 99
Registered No. _____

2. FULL NAME

Williams Ernest Butts

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

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Butts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-1-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 39

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

10. NAME OF FATHER Geo Butts

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

12. MAIDEN NAME OF MOTHER Margaret Jones

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

14. INFORMANT (Address) R Payne

15. FILE NO. 4/8/30 REGISTRAR W. E. Williams

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1930, to Oct 10, 1930 that I last saw him alive on Oct 10, 1930 and that death occurred, on the date stated above, at 9:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
fractured skull
laceration of Brain
fract. base of spine
skull base
CONTRIBUTOR (SECONDARY) Automobile while riding on wagon near Portageville

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Howard M. Keady, M. D.
, 19 (Address) Sikeston 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 (Address) Portageville Mo DATE OF BURIAL 11/17/30

20. UNDERTAKER (Address) R Payne Portageville 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.

