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

Do not use this space.

40598

JAN 22 1931

1. PLACE OF DEATH

County St. Louis County — Registration District No. 788 — File No.

Township ~~Central~~ — Primary Registration District No. 4471 — Registered No. 95

City Webster Groves (No. ..... St. ..... Ward)

2. FULL NAME Charles Francis Butcher

(a) Residence. No. 457 E. Big Bend Rd. St., ... Ward. Williamsport, Penna.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U.S., if of foreign birth? 70 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Rosana Cherry Hawkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 28, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	10	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Surveyor

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

(c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) Buckingham, (STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER Benjamin Butcher

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

12. MAIDEN NAME OF MOTHER Eliza Pratt

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

14. INFORMANT Mrs. Wm. T. Miller-(nee Butcher) Webster Groves
(Address) 457 E. Big Bend Rd.

15. FILED 12/4 1930 Dr. G. W. Westrup, G. Carlock — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 210 M

Automobile accident — Collision with pedestrian while walking across street between intersection — Driver exonerated (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Webster Groves, Mo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) John E. Gonnell, M.D.

12/4, 1930 (Address) Forsyth St. Louis 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: Williamsport, Penna. — DATE OF BURIAL: Unknown 19

20. UNDERTAKER: Allen W. McLaughlin — ADDRESS: 23 W. Lockwood, Webster Groves

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.