

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

Do not use this space.

4224

File No. _____
Registered No. 1
St. _____ Ward _____

1. PLACE OF DEATH
 County Shelby Registration District No. 827
 Township Clay Primary Registration District No. 4500
 City Clatsone (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Alice Rebecca Butler
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 J. H. Butler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 1857

7. AGE YEARS 73 MONTHS 3 DAYS 12
 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 0 9 3 6
 (c) Name of employer _____

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

10. NAME OF FATHER George Peter

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

12. MAIDEN NAME OF MOTHER Hulda Lovd

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

14. INFORMANT Mrs Bert Sharp
 (Address) Sen Mike own

15. FILED 1/9 1931 Roy Hamilton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1925, 19____ to Jan 8, 1931, that I last saw him alive on Jan 5, 1931 and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach

CONTRIBUTOR (SECONDARY) 46 B (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? gross section

Jan 9 1931 (Address) Clatsone 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 Maplewood Cemetery
20. UNDERTAKER Hamilton Und Co

DATE OF BURIAL 1-11 1931
ADDRESS Clatsone 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.

FEB 21 1931

