

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.

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

Do not use this space.

9228

1. PLACE OF DEATH
26 County Cole Registration District No. 211
Township Marion Primary Registration District No. 5201
City Elston (No. St. Ward)

2. FULL NAME Della A. Butcher
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF, (OR) WIFE OF <u>Ellis Butcher</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18-1894</u>				
7. AGE YEARS <u>36</u>	MONTHS <u>7</u>	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 230</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole Co. Missouri</u>			
	13. NAME <u>J.L.Harte</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole Co. Mo.</u>			
	15. MAIDEN NAME <u>Fhena Lister</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>Ellis Butcher</u> (ADDRESS) <u>Elston, Mo.</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elston Cemetery</u> DATE <u>3/10/31</u> 19.			
19. UNDERTAKER <u>Dawson-Tanner</u> (ADDRESS) <u>Jefferson City Mo.</u>				
20. FILED <u>3/10/31</u> 19 <u>31</u> <u>Cora P. Hutson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6th 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar-5th 1931 to Mar. 6th 1931
I last saw her alive on March 6th 1931 Death is said to have occurred on the date stated above, at not stated
The principal cause of death and related causes of importance were as follows:
Acidosis Diabetic Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? usual Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify xxx H.T. Leach (Signed), M. D.
(Address) Elston, Mo.

