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

Do not use this space.

20382

1. PLACE OF DEATH
County Webster — Registration District No. 896 — File No.
Township Ozark — Primary Registration District No. 6198 — Registered No. 34
City at Webster County Farm; Route 4, Marshfield St. Ward)

2. FULL NAME George Washington Butts
(a) Residence. No. County Farm Route 4 Marshfield
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Nancy Caroline Butts

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 1, 1855

7. AGE: Years 75 — Months 10 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

PARENTS
10. NAME OF FATHER: John Butts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois 2
12. MAIDEN NAME OF MOTHER: Lucy Warner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: John R. Butts
(Address) Route One Marshfield

15. FILED ....., 19..... J. R. Bruce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 25 1931

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1931, to May 25, 1931 that I last saw h.i.m. alive on May 25, 1931, and that death occurred, on the date stated above, at 7:45 P. m.

14B THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized Arteriosclerosis
with Hypertension.
111B
(duration) gradual yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Coronary Sclerosis - Hypostatic Pneumonia - Terminal
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical only
(Signed) C. R. Macdonnell, M. D.
May 25, 1931 (Address) Marshfield 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: Pleasant Hill Church Texas County
DATE OF BURIAL: May 26 1931

20. UNDERTAKER: None (Family)
ADDRESS: Marshfield

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.

JUN 29 1931

THIS IS A PERMANENT RECORD