

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

Do not use this space.

21360

1. PLACE OF DEATH

County Jackson Registration District No. 309
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 53rd & Highland)

File No. _____
Registered No. 2103
St. _____ Ward _____

2. FULL NAME William H Buttomer

(a) Residence. No. 53rd & Highland St. 15 Ward _____

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. _____ min.
	65	7	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired (10 years)
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer (Railroad)
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER William H Buttomer

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

12. MAIDEN NAME OF MOTHER Johanna Donohoe

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

14. INFORMANT Mrs. Kate McArthur
(Address) 2412 East 28th

15. FILED 6/5 1931 M. M. Brown
REGISTRAR Brown

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to June 4, 1931, that I last saw him alive on June 3, 1931, and that death occurred, on the date stated above, at 6:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:*

Carcinoma of
46 B Stomach

CONTRIBUTORY (SECONDARY) 46 B

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

6/5 (Signed) Taul J O'Rourke M.D.
15, 1931 (Address) Lathrop Bldg

*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, Mo. DATE OF BURIAL 6/6/31 19

20. UNDERTAKER Quirk & Tobin--20 W Linwood K. G. Mo ADDRESS

WRITE PRINTS 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.

