

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

Do not use this space.

24168

1. PLACE OF DEATH

County Bates Registration District No. 50
Township Wm Pleasant Primary Registration District No. 3004
City Butler (No. Community Hospital)

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

2. FULL NAME

(a) Residence, No. Spruce Top Bates 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 MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OF RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Jas. H. Raybourn

22. I HEREBY CERTIFY That I attended deceased from July 1, 1931 to July 17, 1931
I last saw him alive on July 17, 1931 Death is said to have occurred on the date stated above at 3.45 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1851

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Paresis, bowels

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 25

Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Missouri

13. NAME John Vantroy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Folly Ludwig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria

17. INFORMANT Jas Raybourn (ADDRESS) Spruce Top Bates St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Meyer DATE July 19, 1931

19. UNDERTAKER (ADDRESS) Culver Butler, Mo

20. FILED July 19, 1931 Mrs E Culver Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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)

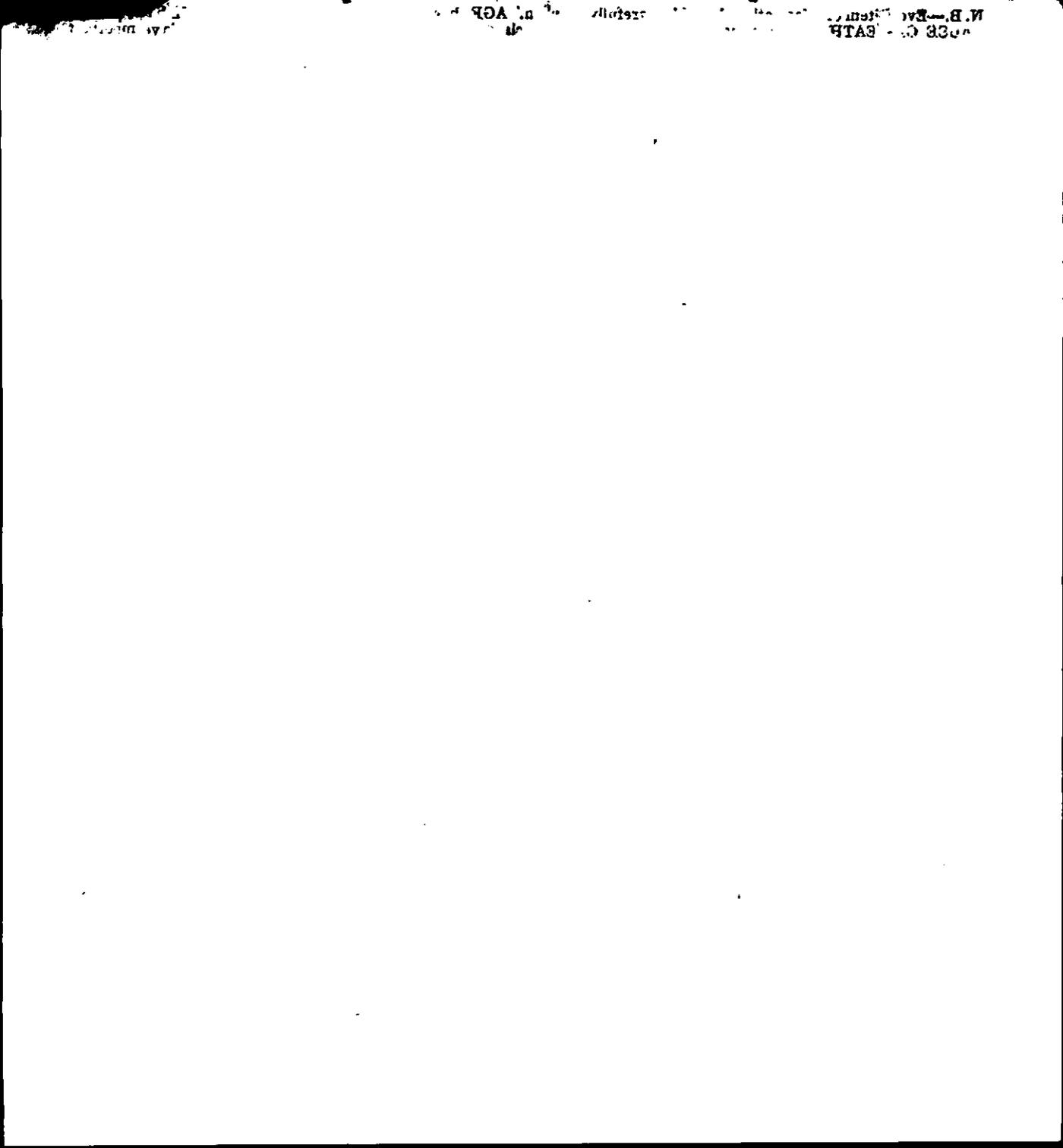
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) E. N. Chestnut, M. D.
(Address) Butler Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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