

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

Do not use this space.

26881

1. PLACE OF DEATH

County Registration District No. **791**
 Township **10983**
 City **St. Louis Mo.** (No. **Sanitarium**)

File No.
 Registered No. **8083**
 St. Ward)

2. FULL NAME

Moncree Butler
 (a) Residence, No. **2130 Clark Ave.** Ward. **13**
 (Usual place of abode)

Length of residence in city or town where death occurred **25 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 Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Butler | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 1881 | | | | |
| 7. AGE | YEARS 50 | MONTHS 5 | DAYS 7 | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown | | | |
| | 10. Date deceased last worked at this occupation (month and year) Unknown | | | |
| | | | | 11. Total time (years) spent in this occupation Unknown |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Louisiana | | | | |
| MOTHER FATHER | 13. NAME Unknown | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana | | | |
| | 15. MAIDEN NAME Unknown | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana | | | |
| 17. INFORMANT W. F. McNamee M.D. (ADDRESS) 5400 Arsenal St | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE July 26, 1931 | | | | |
| 19. UNDERTAKER J. W. Hughes (ADDRESS) 2202 Locust | | | | |
| 20. FILED JUL 22 1931 W. F. McNamee Registrar. | | | | |

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 19th 1931**

22. I HEREBY CERTIFY that I attended deceased from **Feb. 23rd 1931** to **July 19th 1931**

I last saw him alive on **July 19th 1931**. Death is said to have occurred on the date stated above, at **11:15 am**.
 The principal cause of death and related causes of importance were as follows:
3rd
Central Nervous System
Syphilis
2-23-31

Date of onset

Other contributory causes of importance:
54

Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy?

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 **William F. McNamee**, M. D.
 (Signed) **5400 Arsenal St**
 (Address)

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.

