

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.

1. PLACE OF DEATH

County.....**Buchanan**.....

Registration District No.....

85

27589

Township.....

Primary Registration District No.....

1001

File No.....

City.....**St. Joseph**.....(No. **St. Joseph Hospital**)

Registered No.

899

St.

Ward)

2. FULL NAME **Ada Minnie Butler**

(a) Residence, No.

St.

Ward.

Tarkio Missouri.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs.

mos. **1**

ds.

How long in U. S., if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Roy L. Butler6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 5, 1898**

7. AGE

YEARS

33

MONTHS

0

DAYS

26

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

House wife

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

own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Morrestown**Tenn.**

FATHER

13. NAME

James R. Fox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Ellen Quintin

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

Unknown

17. INFORMANT (ADDRESS)

Roy L. Butler**Tarkio Missouri**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Tarkio Mo.**DATE **August 31**

1931

19. UNDERTAKER (ADDRESS)

H. C. Sidenfaden
1802 Union St., St. Joseph Mo.

20. FILED

8-31

1931

J. H. Bender

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 31**, 193122. I HEREBY CERTIFY, That I attended deceased from **Aug 28**, 1931, to **Aug 30**, 1931.I last saw her alive on **Aug 30**, 1931. Death is saidto have occurred on the date stated above, at **2 A.** m.

The principal cause of death and related causes of importance were as follows:

acute Hepatitis

Other contributory causes of importance:

infection of gall bladder Aug 14

Name of operation

Removal of gall bladder

Date of

Aug 28

What test confirmed diagnosis?

Aug 28

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

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) **Frank H. Hartig**, M. D.

(Address)

Empire Blag



73