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

Do not use this space.

38051

File No. .....

Registered No. 106

1. PLACE OF DEATH

County Jasper

Township .....

City Webb City (No. ..... St. ..... Ward)

Registration District No. 417

Primary Registration District No. 3021

2. FULL NAME Mrs Ruth Butler

(a) Residence, No. Jane Clemens Hospital St. ..... Ward. Webb City Mo.
(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. 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: John Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 1 1910

7. AGE: Years 21 | Months X | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 140 98

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

11. Total time (years) spent in this occupation: 3½

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miami Okla

FATHER

13. NAME: James Reed

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

MOTHER

15. MAIDEN NAME: Flora Wammack

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

17. INFORMANT (ADDRESS): John Butler Webb City

18. BURIAL, CREMATION, OR REMOVAL: PLACE Miami Okla DATE 11/13 1931

19. UNDERTAKER (ADDRESS): Webb City Und Co. Webb City Mo.

20. FILED 11/12 1931 R. H. Stormont Registrar.

4. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1931, to 11-11, 1931

I last saw her alive on 11-11, 1931. Death is said to have occurred on the date stated above, at 5 P. m.

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

	Date of onset
Septicemia following and Abortion. Infected Dep R Placenta	

Other contributory causes of importance: Gangrene of R foot

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) B. L. Dennybaker, M. D.

(Address) Webb City Mo

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD