

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.

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Mosett
City Mosett (No. _____)

Registration District No. 30
Primary Registration District No. 3003

File No. 69
Registered No. _____

2. FULL NAME

James Francis Butley
(a) Residence, No. 311-6th 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. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23, 1940</u>		
7. AGE	YEARS <u>11</u>	MONTHS <u>6</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mosett Missouri</u>
	13. NAME <u>Mont Butley</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oregon</u>
	15. MAIDEN NAME <u>Agnes Vogh</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co Mo</u>
17. INFORMANT (ADDRESS) <u>Mont Butley Mosett Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Put Calvary cemetery</u> DATE <u>Jan 25 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Callaway Mosett Mo</u>	
20. FILED <u>1-22-1932</u> <u>W. M. West</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to Jan 21, 1932. I last saw him alive on Jan 21, 1932. 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:
accidental Gun shot wound
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Other contributory causes of importance: _____

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 Jan 21, 1932
Where did injury occur? Mosett, Barry Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home

Manner of injury _____
Nature of injury Gun shot wound
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) J. J. Russell, M. D.
(Address) Mosett Mo

