

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

Do not use this space.

28300

1. PLACE OF DEATH
 108 County Wagon Registration District No. 875
 Township Washington Primary Registration District No. 6162
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME Ruby Keel Butler
 (a) Residence, No. Jefferson, Mo. 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 2-35

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrodsburg 2
Ohio

FATHER 13. NAME Adam Lewis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy
Illinois

MOTHER 15. MAIDEN NAME Carrie Elizabeth Crossley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville
Indiana

17. INFORMANT David Humble
 (ADDRESS) Houston, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellefontaine DATE August 4, 1932

19. UNDERTAKER Ferry Funeral Home
 (ADDRESS) Washington, Mo.

20. FILED 9-6-32 E. P. King
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Jul 27 1932, to Aug. 20, 1932, 1932
 I last saw her alive on Aug 20 1932. Death is said to have occurred on the date stated above, at 5:30 p. m.
 The principal cause of death and related causes of importance were as follows:
cancer of the breast Date of onset Feb 1930

Other contributory causes of importance: 50 50 ①

Name of operation breast removal Date do not know
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932
 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) J. G. Hornback M. D.
 (Address) Nevada, Mo.

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.

SEP 27 1932

