

30 1892

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

Do not use this space.

31207

1. PLACE OF DEATH

County St. Louis
Towship McHenry
City St. Louis (No. 104)

Registration District No. 844
Primary Registration District No. 6250

File No. 31207
Registered No. 3
St. 3 Ward 3

2. FULL NAME

Paul Josephine Butler

(a) Residence. No. 104 St. 3 Ward 3
(Usual place of abode)

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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12-1892

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. R 2
(STATE OR COUNTRY)

10. NAME OF FATHER Charles Butler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Pratt Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

14. INFORMANT Chas. Butler
(Address) St. Louis, Mo. R 2

15. FILED 10-3-1902 Chas. Magers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1902

17. I HEREBY CERTIFY, That I attended deceased from 1 to 19, to 19, that I last saw him alive on Sept 11, 1902, and that death occurred, on the date stated above, at 8 4 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown
2005-0-0-0-0 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 4
IF NOT AT PLACE OF DEATH: 4

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) J. J. Magers, M. D.
, 19 10-3-1902 (Address) St. Louis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis, Mo. DATE OF BURIAL 10-3-1902

20. UNDERTAKER St. Louis, Mo. ADDRESS St. Louis, Mo.

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