

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. 1509
 Township Jean Primary Registration District No. 1007 Registered No. 239
 City Jackson (No. 72 C General Hosp) St. Mo. Ward

2. FULL NAME

Ben Butler Benjamin Royal Butler
 (a) Residence, No. 4447 Terrace St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Elizabeth Butler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1895
 7. AGE YEARS 37 MONTHS 0 DAYS 18 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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.

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

13. NAME B. J. Butler

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

15. MAIDEN NAME Louise Green

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

17. INFORMANT Beard Clark (ADDRESS) 72 C Gen. Hosp. Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 1-16-33

19. UNDERTAKER R. V. Lindsey & Sons, Inc. (ADDRESS) K. C. Mo.

20. FILED Jan 16, 1933 M. Browne Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1932 to 1-12, 1933

I last saw him alive on 1-12, 1933 Death is said to have occurred on the date stated above, at 5:55 P.M.

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

Pneumonia and emphysema
1108
1078
906
070
 Other contributory causes of importance:
Acute Pericarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) J. J. [Signature] M. D.

(Address) 72 C Gen. Hosp. Jackson

13-53

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.

