

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

Do not use this space.

2118

1. PLACE OF DEATH

5-5 County Louise
2 Townships
6 City Mazonville (No. St. Ward)

Registration District No. 468
Primary Registration District No. 4281

File No.
Registered No. 8

2. FULL NAME

Prussilla M Butler
(a) Residence, No. Mazonville no St. Ward.

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>D. A. G Butler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19 1844</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>9</u>
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dale Co. Mo</u>		
MOTHER	13. NAME <u>Wm King</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	15. MAIDEN NAME <u>Myra Brock</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>Mrs John Smith</u> (ADDRESS) <u>Mazonville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mazonville</u> DATE <u>Jan 19 1933</u>		
19. UNDERTAKER <u>Bradford Funeral Home</u> (ADDRESS) <u>Mazonville</u>		
20. FILED <u>1-20</u> 19 <u>33</u> <u>Laura O. Comady</u> Registrar..		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1933 to Jan 14 1933
I last saw her alive on Jan 14 1933 Death is said to have occurred on the date stated above, at S. I. P. m.
The principal cause of death and related causes of importance were as follows:
Branch pneumonia
Date of onset Jan 18

Other contributory causes of importance:
1070

Name of operation Date of
What test confirmed diagnosis? symptoms 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 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? no
If so, specify
(Signed) F. W. Galt M. D.
(Address) Mazonville 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.

