

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

Do not use this space.

9774

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1002 Registered No. 1278  
 City Kansas City (No. Research Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John M. Butler

(a) Residence, No. 1306 Charlotte 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4/6/10  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trot N.Y.

13. NAME Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy N.Y.

15. MAIDEN NAME Unknown

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

17. INFORMANT Wagner Funeral Home (ADDRESS) 204 W. Linwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE Mar 25, 1933

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED 3-24, 1933 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1933, to March 22, 1933

I last saw him alive on March 22, 1933. Death is said to have occurred on the date stated above, at 7 Pm.

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

Cancer of the rectum with metastasis to the liver Date of onset \_\_\_\_\_

Other contributory causes of importance: Massive adenoma of the prostate ?

Chronic adhesive pericarditis ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Microscope 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) C. F. Kent C. F. Kent, M. D.  
 (Address) 1306 Bryant Bldg., K.C. 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.

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