

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

Do not use this space.

10606

1. PLACE OF DEATH

County PETTIS  
Township LONGWOOD  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 668  
Primary Registration District No. 5898

File No. ....  
Registered No. 75

2. FULL NAME CHARLES LOUIS BUTTERWICK

(a) Residence, No. .... St. .... Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, HUSBAND OF (OR WIFE OF) <u>JANE A. BUTTERWICK</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27-1840</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>2</u>
	DAYS <u>14</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</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) <u>Mar 1933</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER FATHER	13. NAME <u>Christian Butterwick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Hert Knaut</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs W.C. Butterwick</u> (ADDRESS) <u>Longwood Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Longwood</u> DATE <u>Mar 12 1933</u>		
19. UNDERTAKER <u>W.C. Butterwick</u> (ADDRESS) <u>Houstonia Mo</u>		
20. FILED <u>3-11</u> 19 <u>33</u> <u>J.S. Fife</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 9-4 33 Mar 9 1933  
I last saw him alive on Mar 9 1933 Death is said to have occurred on the date stated above, USA m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
824 9 33 U  
Other contributory causes of importance:

Name of operation ..... Date of .....  
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 ..... 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 J.L. Orrell M. D.  
(Signed) J.L. Orrell  
(Address) Longwood 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.

