

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **701**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **5141 Lexington Ave.**), St. \_\_\_\_\_ Ward)

File No. **11347**  
Registered No. **2407**

2. FULL NAME **Harriett S. Butcher**

(a) Residence, No. **5141 Lexington Ave.**, **6** Ward. (If nonresident, give city or town and State)  
(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Charles B. Butcher</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 13, 1868</b>		
7. AGE	YEARS <b>64</b>	MONTHS <b>5</b>
	DAYS <b>26</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>at home</b>	
	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) <b>Bloomington Indiana</b>		
FATHER	13. NAME <b>James Deckard</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Indiana</b>	
MOTHER	15. MAIDEN NAME <b>Nancy Robinson,</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Indiana,</b>	
17. INFORMANT <b>Charles B. Butcher</b> (ADDRESS) <b>5141 Lexington</b>		
18. BURIAL, CREMATION, OR REMOVAL <b>Bloomington Ind</b> DATE <b>March 12, 1933</b>		
19. UNDERTAKER <b>Edo P. Delitachy Inc</b> (ADDRESS) <b>5746 22nd St</b>		
20. FILED <b>12 1933</b> <b>Max C. Stankov</b> Registrar.		

**2** MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **March 8, 1933, to March 11, 1933.**  
I last saw her alive on **March 10, 1933** Death is said to have occurred on the date stated above, at **4:55 A.M.**  
The principal cause of death and related causes of importance were as follows:  
**Carcinoma of the stomach.**  
**Arterio-sclerosis**  
Other contributory causes of importance: **None**

Name of operation: **None** Date of.....  
What test confirmed diagnosis? **Chemical** 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) **Cherished. Goe**, M. D.  
(Address) **6123 36th Ave**

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Unknown  
Unknown

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C.A.P.