

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

Sept. 19-1933
Do not use this space.

29980

1. PLACE OF DEATH
 County Gasper Registration District No. 408
 Township Carthage Primary Registration District No. 3020
 City Carthage (No.) St. Ward)
 2. FULL NAME Austin Fletcher Butts
 (a) Residence, No. 1203 Grand St. Ave. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 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 May M.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20 - 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 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) Monroe Co. Mo.
 FATHER 13. NAME Nisan Butts
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Martha Barton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT Mrs. A. F. Butts
 (ADDRESS) Carthage Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cast Hill DATE 9-19 1933
 19. UNDERTAKER Wm. - White
 (ADDRESS) Carthage Mo.
 20. FILED Sept 18 1933 A. B. Clinton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1933
 22. I HEREBY CERTIFY, That I attended deceased from May 1933, to September 1933
 I last saw him alive on September 16, 1933. Death is said to have occurred on the date stated above, at 12:28 p.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset Sept 16 1933
Central Hemorrhage
510
82A 51
 Other contributory causes of importance:
Carcinoma of Prostate
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? N.O.
 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? N.O.
 If so, specify
 (Signed) W. E. Byrd, M. D.
 (Address) Carthage Missouri

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.

OCT 20 1933

1-17

