

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

Do not use this space.

32348

1. PLACE OF DEATH

County Butler Registration District No. 92
Township W. 11 N. 10 E. Primary Registration District No. 5137
City (No.) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Martha Francis Butler
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22-1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Ark.

13. NAME James Grisson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Dora Foster

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

17. INFORMANT (ADDRESS) Husband
Dulcia Ma.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dulcis Crew DATE Oct 7 1933

19. UNDERTAKER (ADDRESS) Dee-Dee Sore

20. FILED 10/9 1933 Scott Co. 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1933 to Oct 6 1933

I last saw her alive on Oct 6 1933 Death is said

to have occurred on the date stated above, at 10.0 a. m.

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

acute indigestion Date of onset _____

Other contributory causes of importance: 38
malaria

Name of operation no Date of _____

What test confirmed diagnosis? X 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) John P. Brown M. D.

(Address) Campbell

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

