

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.

WHITE PERMIT, WITH UNPAID INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

907

PLACE OF DEATH

County

Henry

Registration District No.

14

File No.

Township

Windsor

Primary Registration District No.

4211

Registered No.

City

Windsor

(No.

St.

Ward)

James Edward Butcher

2. FULL NAME

(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

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

S

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22-1916

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

17

5

1

OCCUPATION

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) Bryson, Missouri
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME

Wm Butcher

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

Kansas

15. MAIDEN NAME

Rosey Butcher

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

Missouri

Wm Butcher

17. INFORMANT
(ADDRESS)

Green Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Green Ridge

1-25-34

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

Windsor Missouri

20. FILED

Jan 25 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23-34 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan 23, 1934 to Jan 23, 1934

I last saw him on Jan 23, 1934. Death is said

to have occurred on the date stated above, at 8:45 p.m.

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

Heart failure

Date of onset

Other contributory causes of importance

Lupoid

favor from which he had

recently recovered

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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) T. A. Blackmore

(Address) Windsor, Mo.

