MAR 24 1934

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

Do not use this space.

File No. 5104
Registered No. 836

1. PLACE OF DEATH
County Jackson
Township Lawn
City Kansas City (No. 2015 Lawn St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Amanda Butler
(a) Residence, No. 2015 Lawn 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Berry Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1869

7. AGE: Years 65 | Months 1 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
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) Sweden

FATHER
13. NAME Andrew Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Marie Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Berry Butler
(ADDRESS) 2016 Lawn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Feb 20 1934

19. UNDERTAKER Rose & Henderson
(ADDRESS)

20. FILED 2/20 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 m.
The principal cause of death and related causes of importance were as follows:

Dropsy Chronic Nephritis
Chronic Myocardial Degeneration

	Date of onset

Other contributory causes of importance:

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 ....., 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? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....