

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.

APR 25 1934

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

Do not use this space.

8853

**PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo.

Registration District No. 399  
Primary Registration District No. 1009  
City 620 S. Kensington

File No. \_\_\_\_\_  
Registered No. 1040  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Della Butt

(a) Residence, No. 620 S. Kensington 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 <b>F</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Edward S. Butt</b>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug. 31, 1851</b>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<b>82</b>	<b>6</b>	<b>3</b>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired</b>				
	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) <b>N.C.</b>					
FATHER	13. NAME <b>Emsley Harrelson</b>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>N.C.</b>				
MOTHER	15. MAIDEN NAME <b>Julia Graham</b>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ky</b>				
17. INFORMANT <b>Miss Minnie Barton,</b> (ADDRESS) <b>620 S. Kensington</b>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mt. Hebron Cem</b> DATE <b>Mar. 7-34</b> <b>Near Mayview, Mo.</b>					
19. UNDERTAKER <b>C. H. Blackman &amp; Son,</b> (ADDRESS) <b>2825 Indep. Blvd. K.C. Mo.</b>					
20. FILED <b>3-6-34</b> <b>M. M. Crow</b> <b>Registrar.</b>					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 4, 34**, 19

22. I HEREBY CERTIFY, That I attended deceased from **May** 19**13**, to **Mar 4**, 19**34**  
I last saw her **live** on **Mar 4**, 19**34** Death is said to have occurred on the date stated above, at **1:50** m. AM  
The principal cause of death and related causes of importance were as follows:  
**Arteriosclerosis**  
**Broncho-Pneumonia 3-1-34**  
**1972**  
Other contributory causes of importance:  
**97**  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) **Doc F. Mills**, M. D.  
(Address) **300 Argyle Bldg**  
**W. E. Beck.**

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