

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

Do not use this space.

9135

1. PLACE OF DEATH

County Johnson
Township Madison
City Golden (No. _____)

Registration District No. 427
Primary Registration District No. 4253

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME

Harry Ray M^o Butcher

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie Alice Williams</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12 - 1855</u>			
7. AGE	YEARS <u>78</u>	MONTHS <u>7</u>	DAYS _____
	IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker</u>		
	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) <u>Cooper County Missouri</u>			
MOTHER	13. NAME <u>John M. McButcher</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
MOTHER	15. MAIDEN NAME <u>Fannie Tull</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>N. F. McButcher</u> (ADDRESS) <u>Golden Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Golden (Emetery)</u> DATE <u>Mar 15</u> , 19 <u>34</u>			
19. UNDERTAKER (ADDRESS) <u>J. H. Grothman</u> <u>Golden Mo</u>			
20. FILED <u>Mar 14, 1934</u> <u>S. A. Murray</u> M.D. Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1934, to March 13, 1934.
I last saw him alive on March 13, 1934. Death is said to have occurred on the date stated above, at 9:50 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Chronic interstitial hepatitis.
Date of onset about 1920

Other contributory causes of importance:
Chronic interstitial hepatitis.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) S. A. Murray, M. D.
(Address) Golden, Mo.

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.

1934

RECEIVED
MAY 20 1968